RESET

DOUGHERTY COUNTY SCHOOL SYSTEM

EMPLOYEE INJURY INVESTIGATION

Name _____ **Date of Birth** _____ **Age** _____

Home Address _____ **Home Phone** _____

Work Location _____ **Job Title** _____

Date of Injury_____ **Time** _____ **AM**_____ **PM**

Did you have an injury by accident while working for the Dougherty County School System? ____ **Yes** ____ **No**

Did you seek medical help? ____ **Yes** ____ **No** **Doctor** _____ **Hospital** _____

List ALL Part(s) of body that were injured. Be specific, Denote right or left. _____

_____

How and when did the accident happen? _____

_____

INVESTIGATION

Date Investigated: _____ **Time** _____**AM** _____**PM**

Comments: _____

_____

What can be done to prevent this accident from happening again? _____

_____

Employee's Principal/Supervisor _____ **Notified of Investigation** _____

Benefits Office Notified of Results: Date _____ **Results:** _____

_____

Recommendations: _____

_____

_____ _____ _____ _____

Employee's Signature **Date** **Supervisor's Signature** **Date**

_____ _____

Investigated By **Date**