

BERKLEY SCHOOL DISTRICT

**EMPLOYEE'S REPORT OF INJURY**

School Building or Facility (where injury occurred) \_\_\_\_\_ Today's Date \_\_\_\_\_

Name of injured employee \_\_\_\_\_ Sex \_\_\_\_\_  
(Last Name) (First Name)

Address \_\_\_\_\_ Phone # \_\_\_\_\_  
(Street Address) (City) (Zip)

Occupation \_\_\_\_\_ Start time of work \_\_\_\_\_ Accident Reported to \_\_\_\_\_

Date of Accident \_\_\_\_\_ Last day worked \_\_\_\_\_ Returned to work \_\_\_\_\_

Time of injury \_\_\_\_\_ Was the injury on school premises? \_\_\_\_\_ If not, where \_\_\_\_\_

Who witnessed the accident? \_\_\_\_\_

What were you doing just before the accident occurred? \_\_\_\_\_

**Accurate** description of how accident and/or illness occurred \_\_\_\_\_

What part(s) of your body was (were) injured? \_\_\_\_\_  
(Part(s) of body – indicate right or left)

Did you stop work as a result of your accident? \_\_\_\_\_ If yes, when? \_\_\_\_\_

***If time missed from work:***

***Supervisor/Witness comments*** \_\_\_\_\_

**REMEMBER – YOU MUST GO TO CONCENTRA MEDICAL CENTER FIRST FOR WORKERS' COMPENSATION.**

District clinics:      Concentra Medical Center  
26185 Greenfield  
Southfield, MI 48075  
Phone: 248-569-2040  
Fax: 248-569-2048

Concentra Medical Center  
627 E. Maple Rd., Ste 200  
Troy, MI 48083  
Phone: 248-524-1912  
Fax: 248-524-3901

**IF YOU GO TO ANOTHER PHYSICIAN OR CLINIC, THE DISTRICT IS NOT RESPONSIBLE FOR THE MEDICAL BILLS.**

Employee Signature \_\_\_\_\_ Supervisor Signature \_\_\_\_\_

**Employee should complete this form within 24 hours of the accident and turn it in to the principal's or supervisor's office.**

**(OVER)**

## ACCIDENT REPORTING PROCEDURES

1. An employee who sustains an injury while on the job or sustains an accident with school district equipment, must ***immediately*** report the accident to his/her supervisor and fill out an ***Employee Report of Injury*** form. Bills will not be paid until a report is completed and signed by both employee and principal/supervisor and on file in the Business Office.
2. Treatment authorization forms are available in the front office of each building to take to the medical center to receive treatment. Please make sure the authorization form is signed by your principal/supervisor.
3. Be sure **all** sections of the accident report are filled out completely. Not only are we required to send **all** lost time information to the Bureau of Workers' Compensation, but any incident that involves any type of medical treatment must be reported to our insurance carrier and OSHA. It is imperative that these forms are complete and accurate.
4. Be specific as to what part of the body was injured and how the accident occurred.
5. If you go to a doctor or clinic other than the one listed on the front of this form, you will be liable for the bill yourself. The district will pay only for verified, on-the-job injuries which are treated at the approved clinic.
6. If a life threatening situation where 911 has been called or the employee had to be transported by ambulance, please advise the Business Office as soon as possible.