

FAIRFIELD PUBLIC SCHOOLS
FAIRFIELD, NEW JERSEY 07004

EMPLOYEE ACCIDENT REPORT FORM
(For internal use only)

Check which school the accident occurred:

STEVENSON CHURCHILL TRAVELING BETWEEN BUILDINGS

Date of Accident: _____ Time of Accident: _____

Check where the accident occurred:

Classroom # _____ Lavatory Hallway Parking Lot Gymnasium

Cafeteria Library Teacher's Room Main Office Playground Other

Name:	SS#:
Address:	Telephone #:
Birthdate:	Date of Hire:
Employment Hours:	Annual Salary:

Describe Accident/Injury:
What object/substance/tool directly caused injury?
List Witnesses:
Has time been taken from work because of this injury? YES <input type="checkbox"/> NO <input type="checkbox"/>
If Yes: What date did you 1 st stop working? _____ When did you return? _____

- 1. Employee must call NJ School Insurance Group to report incident at 1-609-543-3377 (within 24 hours)**
- 2. Employee has 14 days to file a claim and receive medical attention**
- 3. Employee must submit completed form to Board Office within 24 hours of Accident Date (Fax #973-227-4303 or Email adamsm@fpsk6.org) Board Office phone #973-227-1340**
- 4. Employee please retain copy for your own records**

Employee Signature: _____ Date Reported: _____

Principal Signature: _____ Date: _____