



NEWPORT PUBLIC SCHOOLS

Newport Public Schools

FIRST REPORT OF INJURY



NEWPORT PUBLIC SCHOOLS

IN THE EVENT OF AN IMMEDIATE EMERGENCY, CALL 911.
 OR
**EMPLOYEE MUST REPORT TO AND COMPLETE THIS FORM WITH
 THE SCHOOL NURSE OR BUILDING ADMINISTRATOR**
 OR
CALL HUMAN RESOURCES
TIME SENSITIVE DUE TO DEPT OF LABOR REPORTING REQUIREMENTS
PLEASE COMPLETE & RETURN TO HUMAN RESOURCES IMMEDIATELY

SS #: _____ M _____ F
 Name: _____ Address: _____
 City, State, Zip: _____
 Phone: _____ Date of Birth: _____
 Occupation: _____ Date Hired: _____

Injury Date: _____ Time of Injury: _____ AM / PM Time workday began: _____ AM / PM
 First full day lost from work: _____ () No time lost from work
 Date returned to work (if appropriate): _____ Date employer notified of injury: _____
 Place where injury occurred (include city and state): _____
 Was this injury previously an *incident only* with *no medical treatment and no time lost*? ____ Yes ____ No
 If yes, date employer first notified of medical treatment or time lost: _____

Witness Information (if applicable): Name & Phone: _____
 Describe what the person doing when injured: _____

List injured body parts and nature of injury: (Example: broken left index finger, lower back strain, etc.)

Treatment and disposition: _____

If applicable:
 Treatment Facility: _____ Address: _____
 City, State, Zip: _____ Phone/Ext: _____

SIGNATURE OF EMPLOYEE

DATE

SIGNATURE OF SCHOOL NURSE

DATE

SIGNATURE OF BUILDING ADMINISTRATOR

DATE