

PASADENA INDEPENDENT SCHOOL DISTRICT

CALL-IN ACCIDENT REPORT FORM

PHONE: 713/740-0258 FAX: 713/740-4046

DATE OF ACCIDENT: _____ TIME: _____

SOCIAL SECURITY NO: _____ ID #: _____

EMPLOYEE'S NAME: _____

CAMPUS/LOCATION: _____

LOCATION (IN BLDG.) OF OCCURRENCE: _____

TIME EMPLOYEE BEGAN WORK (A.M. / PM.): _____

DOES EMPLOYEE SPEAK ENGLISH? YES _____ NO _____ Language _____

MARITAL STATUS: married _____ widowed _____ separated _____ single _____ divorced _____

NUMBER OF DEPENDENT CHILDREN: _____

OCCUPATION: _____

IMMEDIATE SUPERVISOR: _____

INJURY/ILLNESS (BODY PART): _____

BRIEF DESCRIPTION OF ACCIDENT: _____

WITNESSES: _____

WERE SAFEGUARDS OR SAFETY EQUIPMENT PROVIDED? _____

WERE THEY USED? _____

DOCTOR'S NAME, ADDRESS & PHONE NUMBER: _____

*ASK DOCTOR'S OFFICE TO FAX WORK STATUS REPORT TO 713/740-4046

DID EMPLOYEE CHOOSE A DOCTOR? _____

HAS EMPLOYEE GONE TO THE DOCTOR? YES _____ NO _____

IS EMPLOYEE SCHEDULED TO GO TO DR.? YES _____ NO _____

DAYS MISSED / OR ANTICIPATED: _____

PERSON TAKING THE REPORT: _____

DATE REPORT TAKEN: _____