



EMPLOYEE ACCIDENT REPORT

Please use this form to report all work-related illnesses/injuries involving employees of the Trenton Public Schools. This form must be faxed or emailed the same day of the illness/injury to: Lucia Archila-Correa, Human Resources Generalist (lcorrea@trenton.k12.nj.us), fax # 609-393-2439. Once the form is completed and signed by the Building Administrator, please contact Qualcare 1-800-425-3222 regarding further instructions. Any questions or concerns, please contact me 609-656-4900, extension 5730.

Name of Injured Employee: _____
 PRINT (Last Name) (First Name) (Middle Initial)

Home Address: _____

Home and Cell Telephone Numbers: _____

Social Security No.: _____ - _____ - _____ Date of Birth: _____ Age: _____ Gender: M / F

Occupation: _____ 10 / 12 Month Employee: ____ Normal Working Hours:

_____ TBOE School Site or Building Where Employed:

Name of Private Physician/HMO Physician: _____

Address of Physician: _____ Telephone No.: _____

DATE AND TIME OF ACCIDENT: _____

TO WHOM WAS THE ACCIDENT INITIALLY REPORTED?

WHERE DID THE ACCIDENT OCCUR? (Actual site location, address, city, county)

WHAT WAS EMPLOYEE DOING WHEN INJURED? (Please be specific as to what caused injury/illness. Use separate sheet if necessary.)

OBJECT/SUBSTANCE, MACHINE OR TOOL THAT DIRECTLY INJURED EMPLOYEE. (If student(s) caused injury, please list their name(s), guardians' names, addresses, ages, dates of birth, and if student is classified.)

Nature of Injury or Illness and part(s) of body affected. (Formal diagnosis not required)

Did employee contact Qualcare, Inc. for medical services and referred to RWJ @ Hamilton Occupational Health/Other Facility _____ YES _____ NO

Name(s) of Witness (s) to injury/illness: _____

Completed by: _____ Title: _____
 (Please print)

Signature: _____ Date: _____

Administrator or Designee Signature: _____ Date: _____