

RH SCHOOLS EMPLOYEE INCIDENT REPORT

Page 2:

Describe the position you were in when you were injured: (Example: Sitting, Standing, Squatting, Bending)

When did you first realize you were injured? _____ **When did you first feel the**
Date Time

pain? _____ **Who at work did you first tell about your injury?** _____
Date Time

_____ **When did you tell them?** _____ **When did you**
Date Time

first tell your immediate supervisor of your injury? _____ **Name of your supervisor**
Date Time

you reported your injury to: _____ **If injury was not reported**

to your supervisor on the date you were injured, state the reason it was not reported: _____

_____ **Name(s) of person(s) who witnessed your injury:** _____

List parts of your body injured: _____

Names & Addresses of Physician(s) who have treated you for this injury:

Name & Address of Hospital: _____

Have you lost time from work due to this injury? _____ **If so, indicate the first day you missed from**
Yes No

work? _____ **If so, indicate the date you returned to work after this injury?** _____

Additional Remarks: _____

*** I certify that the answers given to the questions on both pages (2) of this Incident Report are correct and accurate to the best of my ability and recollection.**

Employee Signature

Date

Rev. 01/2025

Please send report to Katrina Lanzer, District Office
Klanzer@rhmail.org | 803-981-1012