

**FRONTIER CENTRAL SCHOOL DISTRICT**  
**EMPLOYEE ACCIDENT/INVESTIGATION REPORT**

Incident Date \_\_\_\_\_ Time Occurred \_\_\_\_\_ Date Reported \_\_\_\_\_

Employee Name \_\_\_\_\_ Sex: M  F  D.O.B. \_\_\_\_\_

Address \_\_\_\_\_

E-mail Address \_\_\_\_\_ Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

SS # \_\_\_\_\_ Date of Hire \_\_\_\_\_ Full Time  Part Time  Substitute

Days Worked  M  T  W  TH  F  SA  SU 10 month employee  12 month employee

Time of Day Employee Began Work \_\_\_\_\_ Wages/Hour \_\_\_\_\_

Occupation \_\_\_\_\_ How Long Employed in Current Occupation \_\_\_\_\_

Job Location \_\_\_\_\_

Person Reported to \_\_\_\_\_ Orally  In Writing

Witness(es) \_\_\_\_\_

Location of Incident \_\_\_\_\_

Description of Incident \_\_\_\_\_

Source of Injury \_\_\_\_\_

Nature of Injury \_\_\_\_\_

Body Part (s) Involved (specify right or left) \_\_\_\_\_

Major Cause of Accident \_\_\_\_\_

Has it been Corrected Yes  No  If Yes, How: \_\_\_\_\_

If No, Why not?: \_\_\_\_\_

What steps have been taken to prevent similar incidents? \_\_\_\_\_

What steps should be taken to prevent a recurrence? \_\_\_\_\_

Any Property, Product, or Equipment Damage Yes  No  Motor Vehicle Accident? Yes  No

If Yes, Describe \_\_\_\_\_

Who Provided Medical Care? \_\_\_\_\_ When? \_\_\_\_\_

Doctor \_\_\_\_\_ Hospital \_\_\_\_\_

Ongoing treatment for Accident? Yes  No  Date Stopped Work Due to Accident \_\_\_\_\_

Employee Paid for Full Day on Day of Accident? Yes  No  Salary Continuation? Yes  No

Date Returned to Work (RTW) \_\_\_\_\_ RTW Full Duty?  RTW Restricted Duty?

**\*MUST HAVE DOCTOR'S EXCUSE FOR ANY LOST TIME\*** How serious was the injury? (Circle One)

- A. Did not require treatment more than First Aid.
- B. Required treatment more than First Aid, but did not result in lost time.
- C. Resulted in lost time. (See Above)
- D. Restricted activity.
- E. Resulted in death.

EMPLOYEE STATEMENT \_\_\_\_\_

I HAVE READ THIS REPORT AND IT IS CORRECT

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUPERVISOR'S NAME (PRINT) \_\_\_\_\_ DATE & TIME \_\_\_\_\_

SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

NURSE'S SIGNATURE \_\_\_\_\_ DATE & TIME \_\_\_\_\_

NURSE'S PHONE \_\_\_\_\_ LOCATION \_\_\_\_\_

NURSE'S STATEMENT \_\_\_\_\_

**Incident must be reported immediately to Supervisor. Lost time and/or medical appointments must be reported to the Personnel Office within 10 days of incident. After 10 days Myra Pinker must be contacted.**  
Please contact Sharon Lauder at 926-1719 if you have any questions.

## SOURCE OF INJURY CODES

### CODE DESCRIPTION

1	Material handling - Lifting, Carrying
2	Material handling - Pushing, Pulling
3	Material handling - N.O.C.*
4	Improper stacking or placing of material
5	Obstacles on surfaces - slips, trips
6	Falls to same level
7	Falls to other level
8	Operating equipment or machinery
9	Using hand tools
10	Using powered hand tools

### CODE DESCRIPTION

11	Tools and Machinery N.O.C.*
12	Struck against object
13	Stepped on object
14	Burn - Chemical related
15	Burn - Other
16	Contact with Chemical
17	Eye Injury - N.O.C.*
18	Struck by object
19	Caught on or between objects
20	Not Listed - Other

## NATURE OF INJURY CODES

### CODE DESCRIPTION

1	Sprain, Strain, Spasm, Tendinitis
2	Abrasion, Scratch, Contusion, Bruise
3	Pain
4	Cut, Puncture, Laceration
5	Eye Irritation, Foreign Body
6	Break, Fracture, Crush
7	Stress, Tension, Seizure, High Blood Pressure
8	Burn
9	Swelling, Cyst, Cellulitis
10	Soreness, Stiffness, Bursitis
11	Biological & Hazardous Material Exposure
12	Hernia
13	Poison Oak or Pollen Reaction

### CODE DESCRIPTION

14	Sting or Bite
15	Pneumonia & Other Respiratory Problem
16	Heart Attack, Heart Condition
17	Hearing Loss
18	Concussion
19	Heat Exhaustion
20	Gun Wound
21	Cancer
22	Skin Irritation, Dermatitis
23	Multiple Injuries
24	Electric Shock
25	Not Listed - Other

## BODY PART CODES

### CODE DESCRIPTION

1	Psyche
2	Head
3	Eye(s)
4	Ear(s)
5	Face, Nose, Mouth
6	Neck
7	Shoulder(s)
8	Chest
9	Heart
10	Other internal Organ
11	Upper Back
12	Lower Back
13	Hip(s)
14	Ribs or Abdomen
15	Posterior

### CODE DESCRIPTION

16	Groin
17	Leg(s)
18	Knee(s)
19	Ankle(s)
20	Foot (Feet)Toe(s)
21	Arm(s)
22	Elbow(s)
23	Wrist(s)
24	Hand(s)
25	Finger(s)
26	Multiple - Upper Body
27	Multiple - Lower Body
28	Multiple - N.O.C.*
29	Not Listed - Other

\*NOT OTHERWISE CLASSIFIED

## WORKERS' COMPENSATION EMPLOYEE INFORMATION SHEET

Please make sure that you have completely filled out the accident form, including "**How serious was the injury**" section. Below please find some information about the three categories that are used most often.

- A. If you **did not require treatment more than First Aid**, your accident report will be filed just in case you have a future problem due to this accident.
- B. **Required treatment more than First Aid, but did not result in lost time.** This means that you are going to a medical provider for an evaluation. You **must** have a medical from the facility that treats you that states you are "released with no restrictions". **There is no limited or light duty at Frontier.** If your medical provider puts you on limited or light duty – you cannot work. All medicals must be forwarded to the Personnel Office. Please call the Personnel Office at 926-1719 to notify us that you have been evaluated. You cannot return to work without a full release. A note stating you were treated is not a return to work note.
- C. **Resulted in lost time** – If you are off due to an accident – you must have a doctor's excuse. The doctor's excuse must be submitted to the Personnel Office putting you off work and another excuse must be turned in to return to full duty.

If something changes after you fill out the form, please notify the Personnel office immediately. Any questions about Workers' Compensation should be addressed to the Personnel Office at 926-1719.

Our Workers' Comp carrier information is:

POMCO Risk Management  
P. O. Box 325  
Syracuse, NY 13206  
1-877-236-7475

For claims involving loss of time  
Victoria Rajewski, Claims Adjuster – Ext. 44437

For claims involving **medical ONLY**  
Candice Stobnicki, Medical Only Adjuster – Ext. 44239

6/15/16