



Citrus County School Board
Accident/Injury Report

SECTION 1 – To be completed by Injured Person

Accident/Injury occurred to:

Name: School/Dept: Title:

Date of occurrence: Place of occurrence:

Bldg/Room #: Time of occurrence:

Witnesses:

Cause of Injury: Check all that apply

- Lifting/Carrying supplies or equipment
Moving/Transporting Equipment
Chemical Contact
Insect bite/sting
Fall/Slip

Reason for Fall/Slip: Wet Floor Obstruction Weather Condition Student

ESE Student Involvement? YES NO

Other (Explain)

Describe how the injury occurred (in detail):

- Nature of Injury: Abrasion Bite Bruise Burn Puncture
Scratch Sprain Swelling Bleeding Numbness

Other (explain):

Do you need to be medically treated at this time?

Employee Signature: Date:

Administrator Signature: Date:

Return this form to your cost center administrator immediately.