

Canton Union School District #66
Employee Accident Report

Employee Name _____ Building _____

Date of Accident _____ Time _____

Where did the accident occur? _____

Describe the event _____

Did the injury require medical attention? _____

List names of witnesses: _____

If faulty equipment or unsafe conditions were involved, please explain.

Include corrective action taken or recommended: _____

Other comments: _____

Signature of Employee

Date

Signature of Principal

Date