

**PERRY LOCAL SCHOOLS
INJURY AND ILLNESS INCIDENT REPORT (BWC)**

This Injury and Illness Incident Report (301P) is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the Log of Work-Related Injuries and Illnesses (300P Log) and the District Summary (300AP), these forms help the employer and the Public Employment Risk Reduction Program (PERRP) develop a picture of the extent and severity of work-related incidents.

You must keep this form on file for five (5) years following the year to which it pertains. If you need additional copies of this form, you may photocopy (or print) and use as many as you need. Please send a copy of this form to Wendy Williams (Central Office) upon completion.

I. Information about the employee:

1. Full name _____
2. Street _____
City _____ State _____ Zip Code _____
3. Date of Birth _____ S.S. Number _____
4. Occupation _____ Date hired _____
5. Male Female

II. Information about the physician or other health care professional:

6. Name of physician or other health care professional _____
7. If treatment was given away from the worksite, where was it given?
Facility _____
Street _____
City _____ State _____ Zip Code _____
8. Describe the injury, be specific

9. Was medical or emergency treatment necessary? Yes No
10. Was employee treated in an emergency room? Yes No
11. Was employee hospitalized overnight as an in-patient? Yes No
12. Have you ever had a similar injury? Yes No

III. Information about the case:

- 13. Date of injury or illness _____ Time _____ (AM/PM) check if cannot be determined
- 14. Time employee began work _____ (AM/PM)
- 15. Did the employee miss work as a result of this injury? Yes No
- 16. Last day worked _____ Date returned to work _____
- 17. To whom was injury reported? _____
- 18. Date reported _____
- 19. Name(s) of witness(es) _____
- 20. **What happened?** Tell us how the injury occurred.

21. **What was the injury or illness?** Tell us the part of the body that was affected and how it was injured; be more specific than “hurt”, “pain”, or “sore.”

Employee’s Signature _____ **Date** _____

IV. Supervisor’s Report:

Supervisor’s Signature _____ **Date** _____

DATE RECEIVED IN TREASURER’S OFFICE _____ **BY** _____

Note: After each school related injury, accident, illness incident that requires an employee to seek medical attention and/or to miss work, the supervisor of the employee must notify Wendy Williams with an update of the incident.