

NEW HAMPSHIRE PUBLIC SCHOOLS
SCHOOL ADMINISTRATIVE UNIT #1

CONTOOCOOK VALLEY SCHOOL DISTRICT
OFFICE OF THE SUPERINTENDENT OF SCHOOLS
106 Hancock Road, Peterborough, NH, 03458-1197
603-924-3336

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EMPLOYER'S FIRST REPORT OF INJURY

PLEASE NOTE: The following information and attached form must be filled out for all employees who experience an accident or injury while working at their job. State Law requires that a Report of Injury must be sent to the Department of Labor **within five days of the injury**. Therefore, it is important that the form be completed the day of the injury and sent to the Human Resource Office immediately. Also, please be sure the Administrator has signed the form. If you have any questions, contact Denise McLenon, ext. 2033.

ALL QUESTIONS ARE REQUIRED AND MUST BE ANSWERED

Name of Injured: _____
(First) (Middle Initial) (Last)

Date of Birth: _____ Gender _____

Address: (No. & St.): _____

City/Town: _____ State: _____ Zip: _____

Telephone: _____

Occupation when injured: _____

Date of Injury: _____ Time of Injury: _____

Date Supervisor Notified: _____ Name of Supervisor: _____

School/Building where injury occurred: _____

Describe fully how accident occurred and describe what you were doing when injured. ***Please be sure to describe the injury in detail.***

Please Complete Reverse Side

Employer's First Report of Injury

Name of Witness(es): _____

Part(s) of body injured: _____

Has injured returned to work:

• YES _____ Date returned to work: _____

• NO _____ Date Disability Began: _____

Estimated Length of Disability: _____

Equipment causing injury: _____

Initial Treatment (check those that apply):

No medical treatment: _____

Care provided by employer only (on-site): _____

Emergency care: _____

Hospitalized: _____ Outpatient: _____

Clinic: _____

Office Visit: _____

Other – explain: _____

Name of treating physician: _____

Name of treating hospital: _____

Signature Administrator/Supervisor

Date: _____

Signature of Employee

Date: _____