

# Columbiana County Educational Service Center

38720 Saltwell Road    ☆    Lisbon, Ohio 44422  
 office (330) 424-9591    ☆    fax (330) 424-9481

## PERSONAL INJURY REPORT - *Please print unless instructed to do otherwise.*

Reporting Party		Date of Report	
Name of Injured Party			
Is injured party a student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is injured party an employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Location of Injury	<input type="checkbox"/> Vehicle	<input type="checkbox"/> School Grounds	<input type="checkbox"/> Bus Garage
	<input type="checkbox"/> CCEESC Offices	<input type="checkbox"/> Other	
If employee injury, which department?			
Date of injury/incident		Time of injury/incident	
Describe nature of injury and/or incident:			
Witnesses (if any)		Phone	
If student injury, were parent(s)/guardian(s) notified?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Did injury require medical attention?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, will time be missed from school or work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, approximately how much time will be missed?			
Other pertinent information:			
Signature of Reporting Party		Date Signed	
Signature of Supervisor		Date Signed	

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**NOTICE TO EMPLOYEES:** *The U. S. Department of Labor, Bureau of Labor Statistics, Supplementary Records of Occupational Injuries and Illnesses Form must be obtained from the Office of the CCESC Treasurer if this report regards an employee injury. Thank You!*