



# HARRISBURG SCHOOL DISTRICT

Office of Human Resources  
2101 North Front Street, Building 2  
Harrisburg, PA 17110  
(717) 703-4006 ~ FAX (717) 703-4117 ~ www.hbgasd.k12.pa.us

## WORK-RELATED INCIDENT REPORT

### Injured Employee Information

Name:			SSN:		
Street Address:			Phone:		
City:		State:	Zip:		Date of Birth:
Gender: M F	Date of Hire:		Employment Status (FT or PT):		Hours Worked Per Week:
Name of Supervisor:			Job Title:		Time Shift Starts:

### Incident Information

Date of Incident:	Time of Incident:	To Whom Reported:
Location of Incident (building):		Room Location:
Type of Injury (cut, sprain, etc):		
Injured Body Part:		Side of Body (if applicable):
Cause of Injury (machine, tool, etc):		Property Damage (if applicable):
Witnesses:		
Description of Incident (please describe in detail):		

### Signature

I, the undersigned, hereby authorize any medical care provider who has treated me, or any hospital to which I have been admitted, to furnish to any authorized representative of The PMA Insurance Group, any and all information which may be requested regarding my physical condition, treatment or disease, and if necessary, to allow them or any physician appointed by them to review any X-rays or records, regarding my physical condition or treatment.

Employee Signature:	Date:
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PLEASE RETURN COMPLETED FORM TO THE HUMAN RESOURCES DEPARTMENT