

**LUMPKIN COUNTY BOARD OF EDUCATION  
SUPERVISOR'S REPORT**

Date of Injury: \_\_\_\_\_ Day of Injury: **M T W Th Fri**  
Employee Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ SSN #: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_  
School: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Hrs Worked/Day: \_\_\_\_\_ Hrs Worked/Week: \_\_\_\_\_ Supervisor: \_\_\_\_\_

**ACCIDENT INFORMATION**

Injury Location: \_\_\_\_\_ Time of Injury: \_\_\_\_\_  
Supervisor Notified: \_\_\_\_\_ Yes \_\_\_\_\_ No Date Notified: \_\_\_\_\_  
What was employee doing at time of injury? \_\_\_\_\_  
Describe how injury occurred: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Injury Type (Ex: Laceration): \_\_\_\_\_ Body Part Affected: \_\_\_\_\_  
Were witnesses present or another employee working at the time of injury? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If so, please give names of witnesses: \_\_\_\_\_  
Witness(es) describe how injury occurred: \_\_\_\_\_

**MEDICAL CARE INFORMATION**

Was employee offered medical care? \_\_\_ Yes \_\_\_ No Did employee refuse medical care? \_\_\_ Yes \_\_\_ No  
Did employee seek medical attention? \_\_\_ Yes \_\_\_ No Did school nurse treat employee? \_\_\_ Yes \_\_\_ No  
Emergency Room care required? \_\_\_ Yes \_\_\_ No Hospitalization required? \_\_\_ Yes \_\_\_ No  
Treating Physician/Address: \_\_\_\_\_  
Hospital Name/Address (If Applicable): \_\_\_\_\_

**RETURN-TO-WORK INFORMATION**

Did employee return to work? \_\_\_ Yes \_\_\_ No Return-to-Work Date: \_\_\_\_\_  
Was employee issued safety devices such as gloves, goggles, aprons, protective wear: \_\_\_ Yes \_\_\_ No  
Was employee using any safety devices at time of injury? \_\_\_ Yes \_\_\_ No If so, what: \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
School/Facility

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Supervisor/Principal Signature

\_\_\_\_\_  
School/Facility

\_\_\_\_\_  
Date Signed

**(SEND COMPLETED REPORT TO MARY WHITE, CENTRAL OFFICE)**

Copy Sent to GSBA Claims On: \_\_\_\_\_

E-Mailed WC-1 on: \_\_\_\_\_