

Operational Services

Exhibit – Witness Form

GRANITE CITY COMMUNITY UNIT SCHOOL DISTRICT #9

EMPLOYEE INJURY REPORT: WITNESS FORM

As a named witness on the Employee Injury Report & Doctor Referral form, please complete and return to the Site Supervisor (Principal or Designee) within 24 hours.

Witness Name: _____

Witness Address: _____

Witness Job Title/Location: _____

Employee filing injury report: _____

Date of injury: _____

Describe in your own words what you witnessed:

SIGNATURE _____ DATE _____

Adopted: 2/13/95
Revised: 2/8/00
Reviewed: 12/12/95, 2/27/96