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Ann Arbor Public Schools - 2555 S. State St. - Ann Arbor, MI 48104

This report should be completed and filed with the Operations Division Office for property loss incidents and personal injuries to students and public individuals. **Employee Injuries**: MIOSHA Form No. 101 should be completed for Workers' Compensation incidents and sent to Human Resources Services, 994-4517.

Date of incident: Time of incident: Person to hospital: Yes No City: ST: Zip: Description of injuries: What treatment was administered on-site: By whom:	Public Injury:	-			•			ees MI	OSHA		
Address: City: ST: Zip: Description of injuries: What treatment was administered on-site: By whom: Person completing report: Phone: Todays' Date: Yes No Principal/Supervisor: Principal/Supervisor: Principal / Supervisor's Incident Evaluation: Were there contributing factors leading to this event:	form number 1 Injured person:	01 should be c	-	-		-		Cont	Contact phone:		
Description of injuries: What treatment was administered on-site: Person completing report: Phone: Todays' Date: Is principal/supervisor aware: Yes No Principal/Supervisor: Principal / Supervisor's Incident Evaluation: Were there contributing factors leading to this event:	Date of incident:	Time of inciden	ıt:	1	-						
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