

INCIDENT REPORT

___ Employee
___ Student
___ Visitor
___ Volunteer

Complete for All Incidents and Complete a Separate Report for Each Person Involved

Name of Injured Person _____ Date/Time of Incident _____

Address _____ City/State/Zip _____ Phone _____

Location of Incident _____

Describe in Detail: *Include activity, where, how, piece of equipment involved, witness, who was supervising:*

Description of Injury: *i.e., extent, body part involved*

Describe what was done for injured person: *i.e., what type of first aid*

What action is being taken to prevent reoccurrence? (if applicable)

Potential Blood Borne Pathogen Exposure? No Yes

Who Administered First Aid? Name, Title & Phone # _____

Was Physician or Hospitalization Required? No Yes **If yes, employees/volunteers must file workman's compensation form – District Office**

Name of Hospital _____ **Attending Physician** _____

Time Loss? No Yes **If yes, employees/volunteers must file workman's compensation form – District Office**

Were others involved? No Yes List names _____

FOR STUDENTS

Teacher _____ Grade _____ Age _____ Parent/Guardian _____ Phone _____

Was parent/guardian contacted? No Yes Date/Time _____

Comments _____

Person Completing Report:

Print Name _____ Signature _____ Title _____ Date _____ Phone _____