

*(Print on Yellow Paper)*  
**STUDENT INCIDENT REPORT**

If an incident results in the injured seeing a doctor or going to the hospital, an incident report must be filed with the Business Office within the week.

Each incident should be investigated whether the result was serious or not. The object is to prevent recurrences and it is only by thorough investigation that the real cause can be determined and corrected.

Reporting procedures for incidents other than those requiring a doctor or a hospital visit will be determined by the building principal.

**INFORMATION ABOUT THE INJURED**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PHONE \_\_\_\_\_

SCHOOL \_\_\_\_\_

**NAME AND ADDRESS-PARENT/GUARDIAN**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

**PERSON IN CHARGE AT TIME OF INCIDENT**

NAME \_\_\_\_\_

TIME AND DATE OF INCIDENT \_\_\_\_\_

LOCATION (in or around building) \_\_\_\_\_

PIECE OF EQUIPMENT BEING USED (if any) \_\_\_\_\_

GIVE A DESCRIPTION OF INJURY (exact part of body affected) \_\_\_\_\_

DID THE INJURED SEE A DOCTOR OR GO TO THE HOSPITAL?  YES  NO (check one)  
IF YES, FILL IN THE FOLLOWING INFORMATION:

**DOCTOR**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

**OR**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

**HOSPITAL**

WHAT DO YOU CONSIDER THE REAL CAUSE OF THIS INCIDENT? NAME OBJECT OR SUBSTANCE DIRECTLY CONTRIBUTING TO INCIDENT

(over)

WERE THERE ANY WITNESSES TO THIS INCIDENT?  
IF "YES", COMPLETE THE FOLLOWING:

YES  NO (check one)

<u>NAME OF WITNES</u>	<u>ADDRESS</u>	<u>TELEPHONE #</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

PLEASE ANSWER THE FOLLOWING QUESTIONS. CHECK "YES" OR "NO". INDICATE N/A IF QUESTION DOES NOT APPLY.

1. Was injured person properly instructed in safe and efficient methods?  YES  NO
2. Did he/she violate any instructions?  YES  NO
3. Was necessary protective equipment worn? (Goggles, safety belt, hard hat, etc.)  YES  NO
4. Did poor housekeeping contribute to the incident?  YES  NO
5. Did "horseplay" cause the incident?  YES  NO
6. Was it caused by something, which needed repair?  YES  NO
7. Should a guard be provided?  YES  NO
8. Did any bodily defect contribute to the incident?  YES  NO
9. Was incident caused by an unsafe act?  YES  NO
10. Did injured report to first aid immediately?  YES  NO

WHAT STEPS ARE BEING TAKEN TO PREVENT SIMILAR INCIDENTS?

\_\_\_\_\_

\_\_\_\_\_

PERSON MAKING REPORT

NAME \_\_\_\_\_  
DATE \_\_\_\_\_

TITLE \_\_\_\_\_  
PRINCIPAL \_\_\_\_\_  
(signature)