

**ACCIDENT REPORT FORM**

**Part A: Information on All Accidents**

1. Name: \_\_\_\_\_ Home Address: \_\_\_\_\_  
2. School: \_\_\_\_\_ Sex: M \_\_\_\_\_ F \_\_\_\_\_ Age: \_\_\_\_\_  
3. Time accident occurred: Hour \_\_\_\_\_ AM \_\_\_\_\_ PM \_\_\_\_\_ Date: \_\_\_\_\_  
4. Place of Accident: School Building \_\_\_\_\_ School Grounds \_\_\_\_\_ To or From Work \_\_\_\_\_ Home \_\_\_\_\_ Elsewhere \_\_\_\_\_

5. a. Nature of Injury: Abrasion \_\_\_\_\_ Amputation \_\_\_\_\_ Asphyxiation \_\_\_\_\_ Bite \_\_\_\_\_ Bruise \_\_\_\_\_  
Burn \_\_\_\_\_ Burn \_\_\_\_\_ Concussion \_\_\_\_\_ Cut \_\_\_\_\_ Dislocation \_\_\_\_\_  
Fracture \_\_\_\_\_ Laceration \_\_\_\_\_ Poisoning \_\_\_\_\_ Puncture \_\_\_\_\_ Scalds \_\_\_\_\_  
Scalds \_\_\_\_\_ Scratches \_\_\_\_\_ Shock \_\_\_\_\_ Sprain \_\_\_\_\_ Other (Specify) \_\_\_\_\_

5. b. Part of Body Injured: Abdomen \_\_\_\_\_ Ankle \_\_\_\_\_ Arm \_\_\_\_\_ Back \_\_\_\_\_ Chest \_\_\_\_\_ Ear \_\_\_\_\_  
Elbow \_\_\_\_\_ Eye \_\_\_\_\_ Face \_\_\_\_\_ Finger \_\_\_\_\_ Foot \_\_\_\_\_  
Head \_\_\_\_\_ Knee \_\_\_\_\_ Leg \_\_\_\_\_ Mouth \_\_\_\_\_ Nose \_\_\_\_\_ Scalp \_\_\_\_\_  
Tooth \_\_\_\_\_ Wrist \_\_\_\_\_ Other (Specify) \_\_\_\_\_

5. c. Description of the Accident: How did accident happen? What was employee doing? Where was employee? List specifically unsafe acts and unsafe conditions existing. Specify any tool, machine, or equipment involved.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Degree of Injury: Death \_\_\_\_\_ Permanent Impairment \_\_\_\_\_ Temporary Disability \_\_\_\_\_ Non-disabling \_\_\_\_\_  
7. Total Number of days lost from work: \_\_\_\_\_ (To be filled in when employee returns to school)

**Part B: Additional Information on School Jurisdiction Accidents**

8. Person in charge when accident occurred (Enter Name): \_\_\_\_\_  
Present at scene of accident: NO \_\_\_\_\_ YES \_\_\_\_\_

9. Immediate Action Taken: First treatment \_\_\_\_\_ by (Name): \_\_\_\_\_  
Sent to school nurse \_\_\_\_\_ by (Name): \_\_\_\_\_  
Sent to physician \_\_\_\_\_ by (Name): \_\_\_\_\_  
Physician's Name: \_\_\_\_\_  
Sent to hospital \_\_\_\_\_ by (Name): \_\_\_\_\_  
Name of Hospital: \_\_\_\_\_

1. Was a supervisor or other individual notified? NO \_\_\_\_\_ YES \_\_\_\_\_ When: \_\_\_\_\_ How: \_\_\_\_\_  
Name of individual notified: \_\_\_\_\_  
By whom? (Enter name): \_\_\_\_\_

2. WITNESSES: 1. Name: \_\_\_\_\_ Address: \_\_\_\_\_  
2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

12. Location: Specify Activity  
Athletic Field \_\_\_\_\_ Auditorium \_\_\_\_\_ Cafeteria \_\_\_\_\_ Classroom \_\_\_\_\_ Corridor \_\_\_\_\_  
Dressing Room \_\_\_\_\_ Gymnasium \_\_\_\_\_ Laboratories \_\_\_\_\_ Locker \_\_\_\_\_ Pool \_\_\_\_\_  
School Grounds \_\_\_\_\_ Shop \_\_\_\_\_ Showers \_\_\_\_\_ Stair \_\_\_\_\_ Toilets/Washrooms \_\_\_\_\_  
Other (Specify) \_\_\_\_\_

**REMARKS:**

What recommendations do you have for preventing other accidents of this type?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed: \_\_\_\_\_  
Principal \_\_\_\_\_ Employee \_\_\_\_\_