



Incident/Injury Report Form

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|--------------------------------|----------------------------------|----------------------------------|-----------------------------|--|----------------------------------|------------------------------|
| <input type="checkbox"/> AIS | <input type="checkbox"/> WeBSS | <input type="checkbox"/> FPMS | <input type="checkbox"/> HE | <input type="checkbox"/> WA | <input type="checkbox"/> Bridges | <input type="checkbox"/> ITS |
| <input type="checkbox"/> WAAST | <input type="checkbox"/> Success | <input type="checkbox"/> Valor | <input type="checkbox"/> LN | <input type="checkbox"/> ASC | <input type="checkbox"/> WC/CFC | <input type="checkbox"/> DO |
| <input type="checkbox"/> WACA | <input type="checkbox"/> HS Ath. | <input type="checkbox"/> MS Ath. | <input type="checkbox"/> NM | <input type="checkbox"/> Maintenance/Grounds | | <input type="checkbox"/> CLC |

Employee and Supervisor will complete this form within 24 hours of incident.

Employees – If you go to the Doctor, Emergency Room or Urgent Care you MUST contact the HR Department.

Name: _____ Employee Student Other

Grade: _____ Date of Birth _____

Name of Person Reporting _____

Date of Incident/Injury: _____ Time of Incident/Injury _____ AM/PM

Date Reported: _____ Time Reported _____ AM/PM

Where Incident Occurred: _____

If injury, describe (Nature/Body part) _____

Treatment: None First Aid Only Doctor Emergency Room/Urgent Care

First aid provided and/or action taken: _____

Name of Parent/
Guardian Contacted: _____ Date: _____ Time _____ AM/PM

Supervisor Signature: _____ Date: _____ Time _____ AM/PM

Revised 11-2018

ORIGINAL: Keep on Site PINK: Maintenance Office
YELLOW: HR Office for Staff Injuries Yellow: Business Office for Student or Other Injuries