SNOQUALMIE VALLEY SCHOOL DISTRICT

INCIDENT/ACCIDENT REPORT FORM

TO BE USED FOR ALL NON-EMPLOYEE OCCURENCES

Date: _____

Person(s) Involved

☐ Student ☐ Visitor ☐ Other _____

SVSD Employee (Do not complete this form. Report the incident to your supervisor and call the Nurse Triage Helpline at 833-928-6877. PSESD will use the helpline to complete an incident report for the employee).

Name of Witness: _____

Name of Injured: _____

School: _____

Gender: _____ Age: _____ Grade: _____

Date of Occurrence: _____ Time of Occurrence: _____ ☐ AM ☐ PM

Nature of Injury
(check all that apply)

Accidental	☐
Animal Bite/Sting	☐
Assault	☐
Assault w/Weapon	☐
Athletic Injury (After School)	☐
Athletic Injury (During School)	☐
Bio-Hazard Exposure	☐
Burn/Scald	☐
Chemical Exposure	☐
Chipped Tooth	☐
Choking	☐
Electrical Injury	☐
Eye	☐
Fall From Elevated Surface	☐
Fracture	☐
Hit by Foreign Object	☐
Horseplay	☐
Illness	☐
Laceration	☐
Medical Condition	☐
Puncture Wound	☐
Smashed	☐
Struck Stationary Object	☐
Trip/Slip	☐
Vocational	☐

Body Part Injured
(check all that apply)

	Right	Left
Ankle	☐	☐
Arm	☐	☐
Back	☐	☐
Ear	☐	☐
Elbow	☐	☐
Eye	☐	☐
Face	☐	☐
Finger	☐	☐
Foot	☐	☐
Hand	☐	☐
Hip	☐	☐
Knee	☐	☐
Leg	☐	☐
Mouth	☐	☐
Nose	☐	☐
Wrist	☐	☐

Other_____

Location

Auditorium	☐
Bus/Bus Stop	☐
Cafeteria	☐
Classroom	☐
Gym	☐
Hallway	☐
Library	☐
Locker Rm	☐
Off Campus	☐
Parking Lot	☐
Playground	☐
Restroom	☐
School Grounds	☐
_____Shop	☐
_____Field	☐
Other_____	☐

Description of Occurrence as Witnessed
(if caused by machinery or equipment please explain)

Additional Witness:

Name:_____ Phone #_____

Supervisor in charge when incident occurred

Name:_____ Title: _____

Present at time of occurrence ☐ Yes ☐ No

Phone: _____ Email: _____

Witnessed by: _____ Email: _____

Action Taken		By Whom	Specify Action Taken and Care Provided
First Aid Treatment	☐	_____	
Sent to School Nurse	☐	_____	
Ambulance Called	☐	_____	
Sent to Hospital	☐	_____	
No Treatment	☐	_____	
Called Parents/Guardian	☐	_____	
Sent Home	☐	_____	
Other	☐	_____	
_____			

Site Nurse(or individual who provided care): _____ Email: _____

Site Administrator's/Supervisor's Report (REQUIRED)

_____ _____

Site Administrator's Signature Date

_____ _____

Business Office Review Date

REV OCT 2023