ALLEN PARK PUBLIC SCHOOLS – Administrator's Report of Accident/Injury

STANDARD ACCIDENT REPORT

Information on ALL Accidents

PLEASE FILE IMMEDIATELY

Report No. ____________________

School Year ____________________

1. Name: ____________________ Home Address: ____________________
2. School: ____________________ Sex: M ☐ F ☐ Age: ______ Grade or Classification ______
3. Time accident occurred: Hour ______ A.M. ☐ P.M. ☐ Date: ____________________
4. Place of Accident: School Building ☐ School Grounds ☐ To or from: School ☐ Home ☐ Elsewhere ☐
5. If an employee, was he/she working at the time of the accident: Yes ☐ No ☐

6. DESCRIPTION OF ACCIDENT

Each of the following questions must be addressed in the description: **How did accident happen? What was he/she doing? Specific school/building location? List specifically unsafe acts and unsafe conditions existing. Specify any tool, machine, or equipment involved.**

PART OF BODY INJURED

Abdomen	☐	Eye	☐	Leg	☐
Ankle	☐	Face	☐	Mouth	☐
Arm	☐	Finger	☐	Nose	☐
Back	☐	Foot	☐	Scalp	☐
Chest	☐	Hand	☐	Tooth	☐
Ear	☐	Head	☐	Wrist	☐
Elbow	☐	Knee	☐		

Other (specify)

NATURE OF INJURY

Abrasion	☐	Concussion	☐	Puncture	☐
Amputation	☐	Cut	☐	Scalds	☐
Asphyxiation	☐	Dislocation	☐	Scratches	☐
Bite	☐	Fracture	☐	Shock(elec.)	☐
Bruise	☐	Laceration	☐	Sprain	☐
Burn	☐	Poisoning	☐		

Other (specify)

7. Degree of Injury: Death ☐ Permanent Impairment ☐ Temporary Disability ☐ Non-disabling ☐
8. Total number of days lost from school/work: (To be filled in when he/she returns to school/work)

ACCIDENT PREVENTION

9. What recommendations do you have for preventing other accidents of this type?

10. IMMEDIATE ACTION TAKEN

First-aid treatment	☐	By (Name)	____________________
Sent to main office	☐	By (Name):	____________________
Sent home	☐	By (Name):	____________________
Sent to physician	☐	By (Name):	____________________
		Physicians Name:	____________________
Sent to hospital	☐	By (Name):	____________________
		Name of hospital	____________________

11. Was a parent or other individual notified? No: ☐ Yes: ☐ When: ______ How: ______
    Name of individual notified: ____________________
    By whom? (Enter name): ____________________
12. Witnesses 1. Name: ____________________ Address: ____________________
    2. Name: ____________________ Address: ____________________

Teacher in charge when accident occurred (enter name): ____________________

Present at scene of accident?: No ☐ Yes ☐

Signed: Administrator: ____________________ Final Disposition Date: ______________ Phone call by: ______________

Original to Personnel Office

cc: Superintendent
Building Administrator/Supervisor