

ACCIDENT/INCIDENT REPORT FORM

Reporting Employee: _____

To be used to document all accidents/incidents resulting in injury or property damage as well as incidents of workplace violence. Use one form for each affected person.

Today's Date: _____ Date of Incident: _____ Time of Incident: _____

Location of Incident: _____

<i>AFFECTED PERSON OR OWNER OF PROPERTY DAMAGED</i>	
Name:	Telephone #:
Address:	Date of Birth:
City/State/Zip:	
Extent of Accident/Incident/Damage:	
Observer(s) of Accident/Incident/Damage:	<input type="checkbox"/> Check here if not observed:
<i>DESCRIPTION OF ACCIDENT/INCIDENT/DAMAGE</i>	
<i>(Include what the person was doing or attempting to do just prior to the accident/incident, and their actions after the accident/incident.)</i>	
<i>CONDITIONS</i>	
Describe the conditions in the vicinity of the accident/incident/damage with special attention to changeable conditions, including weather, wet surfaces, etc.:	
Describe condition of affected person (or property):	
<input type="checkbox"/> Check here if the affected person was a child. If checked, describe supervision:	
<input type="checkbox"/> Check here if slip/fall injury. If checked, describe the shoes worn by the injured party:	
<input type="checkbox"/> Check here photographs were taken to document conditions listed above.	

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<i>ACTIONS</i>
Describe immediate actions taken:
Additional comments:

Certification (by reporting employee): I hereby certify that I completed this Accident/Incident Report Form and any attachments thereto, and that the statements contained therein are a true statement of the facts as is involved in this matter.

Name (print): _____ Signature: _____

Title: _____ Phone: _____ Date: _____

If incident occurred during interscholastic athletics:

Athletic Director (print): _____ Signature: _____ Date: _____

****** Reporting employees are to submit this form to the school nurse within one (1) business day of the incident. ******

School nurses shall sign and date below upon receipt and keep one (1) copy on file in the nurse's office.

School Nurse (print): _____ Signature: _____ Date: _____

****** School nurses are to submit this signed form to the building principal within one (1) business day of receipt. ******

Building principals shall determine whether the above incident meets the classification of workplace violence.

Workplace Violence: Workplace violence is defined as any physical assault or act of aggressive behavior that occurs when a public employee performs any work-related duty in the course of their employment. This includes but is not limited to:

1. An attempt or threat, whether verbal or physical, to inflict physical injury upon an employee.
2. Any intentional display of force that would give an employee reason to fear or expect bodily harm.
3. Intentional and wrongful physical contact with a person without their consent that entails some injury.
4. Stalking an employee to cause fear of harm to the employee's physical safety and health when such stalking has arisen through and during employment.

Does the accident meet the classification of workplace violence as defined above? Yes No

If yes, complete the following:

<i>PREVENTATIVE ACTIONS</i>
Describe preventative actions the department/school has taken to maintain safety and security of the worksite as a result of the incident to prevent further like occurrences. Please include any referrals or contacts made.

Building Principal (print): _____ Signature: _____ Date: _____

****** Building principals are to submit this signed form to the superintendent within two (2) business days of receipt. ******

Superintendent (print): _____ Signature: _____ Date: _____

For incidents resulting in workplace violence, one (1) completed copy of this report shall be forwarded to the Director of Human Resources.