

PINELLAS COUNTY SCHOOLS
SITE VISITOR INJURY REPORT

INSTRUCTION: ***This form is to be completed in the Johns Eastern SVAR system, Aim 3.0.***

SITE INFORMATION

Name of school / department _____ Cost Center # _____
School/department contact person regarding this incident _____ Phone _____
When was the school/site made aware of this incident? Date _____ Time _____ am pm

VISITOR INFORMATION

Visitor Name _____ Date of incident _____ Time _____ am pm
Home Phone _____ Daytime phone _____
Address _____ City _____ State _____ Zip _____
Reason visitor on campus: ☐ parent ☐ site visitor ☐ vendor/contractor ☐ delivery service ☐ other _____

DESCRIPTION OF INCIDENT

How did the injury occur? What was the visitor doing at the time of the injury? Be specific. _____

Specify any objects or other person(s) involved. **Include photographs of the area where the incident occurred.** _____

LOCATION

☐ athletic field ☐ auditorium ☐ bus circle ☐ cafeteria ☐ classroom # _____ ☐ corridor ☐ driveway ☐ exterior walkway
☐ gymnasium ☐ lockers ☐ playground ☐ pool ☐ restroom ☐ school bus ☐ stairs ☐ _____ shop ☐ vendor vehicle
☐ other _____

NATURE OF INJURY

☐ abrasion ☐ bite ☐ bruise ☐ bump ☐ burn ☐ fracture ☐ laceration ☐ puncture ☐ scratches ☐ sprain/strain
☐ insect/sting ☐ swelling ☐ no apparent signs of injury ☐ other _____
☐ illness (explain) _____ ☐ hazardous substance exposure

PART OF BODY INJURED

Explain _____

MEDICAL TREATMENT GIVEN ☐ none ☐ first aid ☐ treated by EMS ☐ transported to _____

WITNESSES

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

Signature of Administrator

Date

Signature of person completing this form

Date