

**Revere Local Schools**  
**Staff Incident and Injury Report**  
(no outside medical care necessary)

**Staff Information**

Name \_\_\_\_\_ Date of Incident \_\_\_\_\_

Date of Birth \_\_\_\_\_ Building \_\_\_\_\_ Time of Incident \_\_\_\_\_

Location of Incident \_\_\_\_\_

Where are you hurt? \_\_\_\_\_

Description of incident and/or injury \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any witnesses? \_\_\_\_\_

\_\_\_\_\_

Actions taken on campus by school staff? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IF YOU ARE ACCESSING OUTSIDE MEDICAL CARE FOR THIS INJURY OR INCIDENT, YOU MUST COMPLETE A BWC INJURY REPORT, AVAILABLE ON THE WEBSITE UNDER STAFF RESOURCES**

**YOU MAY ADD ANY ADDITIONAL INFORMATION NECESSARY ON THE BACK OF THIS FORM**

Signature of employee completing form \_\_\_\_\_ Date \_\_\_\_\_

Signature of supervisor receiving this form \_\_\_\_\_ Date \_\_\_\_\_

ADMIN NOTES: