# STAFF/VISITOR ACCIDENT REPORT FORM

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SIGNATURE OF PERSON COMPLETING FORM

**NAME**_____ **HOME ADDRESS**_____ **TIME OF ACCIDENT** _____

**SCHOOL**_____ **GENDER** ☐ M ☐ F **AGE**_____ **DATE** _____

**NATURE OF INJURY**

(CHECK ALL THAT APPLY)

- ACCIDENTAL ☐
- ACCIDENTAL CONTACT ☐
- 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 INJURY ☐
- FALL FROM ELEVATED SURFACE ☐
- FRACTURE ☐
- HIT BY FOREIGN OBJECT ☐
- HORSEPLAY ☐
- HUMAN BITE ☐
- ILLNESS ☐
- LACERATION ☐
- MEDICAL CONDITION ☐
- PUNCTURE WOUND ☐
- STRUCK STATIONARY OBJECT ☐
- TRIP/SLIP ☐
- VOCATIONAL ☐

**BODY PART INJURED**

| | R | L |
|---|---|---|
| ANKLE | ☐ | ☐ |
| ARM | ☐ | ☐ |
| BACK | ☐ | ☐ |
| EAR | ☐ | ☐ |
| ELBOW | ☐ | ☐ |
| EYE | ☐ | ☐ |
| FACE | ☐ | ☐ |
| FINGER | ☐ | ☐ |
| FOOT | ☐ | ☐ |
| HAND | ☐ | ☐ |
| HEAD | ☐ | ☐ |
| HIP | ☐ | ☐ |
| KNEE | ☐ | ☐ |
| LEG | ☐ | ☐ |
| MOUTH | ☐ | ☐ |
| NOSE | ☐ | ☐ |
| WRIST | ☐ | ☐ |
| OTHER_____ | | |

**LOCATION**

- AUDITORIUM ☐
- BUS/BUS STOP ☐
- CAFETERIA ☐
- CLASSROOM ☐
- GYMNASIUM ☐
- HALLWAY ☐
- LIBRARY ☐
- LOCKER ROOM ☐
- OFF CAMPUS ☐
- PARKING LOT ☐
- PLAYGROUND ☐
- RESTROOM ☐
- SCHOOL GROUNDS ☐
- _____SHOP ☐
- _____FIELD ☐

OTHER_____

**SPECIFY SCHOOL ACTIVITY**

_____
_____
_____
_____
_____

**IF ACCIDENT WAS THE RESULT OF A MACHINE OR EQUIPMENT FAILURE SPECIFY THE FAILURE IN DETAIL**

_____
_____
_____

**NAME OF SUPERVISOR IN CHARGE WHEN ACCIDENT OCCURRED**

_____ **PHONE NUMBER**_____

**WAS SUPERVISOR PRESENT AT TIME OF ACCIDENT?** ☐YES ☐NO

| ACTION TAKEN | | BY WHOM | SPECIFY ACTION TAKEN |
|---|---|---|---|
| FIRST AID TREATMENT | ☐ | _____ | _____ |
| SENT TO SCHOOL NURSE | ☐ | _____ | _____ |
| AMBULANCE CALLED | ☐ | _____ | _____ |
| SENT TO HOSPITAL | ☐ | _____ | _____ |
| NO TREATMENT | ☐ | _____ | _____ |
| OTHER_____ | ☐ | _____ | _____ |

**WITNESSES**

NAME_____ ADDRESS_____ PHONE_____

NAME_____ ADDRESS_____ PHONE_____

**DESCRIPTION OF ACCIDENT**

USE REVERSE SIDE IF NECESSARY

_____
_____
_____
_____
_____

_____ _____

Supervisor Signature Date