

SANTIAM CANYON SCHOOL DISTRICT 129J EMPLOYEE INCIDENT REPORT FORM

This report is used for all accidents, even home or away functions. It is to be completed within 24 hours of the injury. Any serious injury must be report directly and immediately to administration via personal contact or phone.

INJURED EMPLOYEE				
1 Name _____				
2 Address _____			Sex _____	M F _____
			Age _____	
			Home Phone _____	
3 Date of Incident _____			Time _____ am/pm	
4 Incident Scene	Cause of Injury	Incident Type	Nature of Injury	Part of Body
1 Athletic Field	20 Altercation	40 Bites	60 Black Eye	80 Abdomen
2 Bus	21 Animal/Insect	41 Bodily Reaction	61 Bruise/Bump	81 Arm/Elbow/L/R
3 Bus Stop	22 Athletic Equip	42 Choking	62 Burn	82 No apparent Injury
4 Cafeteria	23 Body Motion	43 Elec Shock	63 Concussion	83 Back/Ribs
5 Classroom	(self)	44 Fall	64 Cut/Gash/Scratch	84 Chest
6 Gym	24 Body Motion	45 Interscholastic	65 Dislocation	85 Eye L/R
7 Hallway	(other)	sport	66 Fainting	86 Foot/Toes L/R
8 Home Ec	25 Chemical	46 Over Exertions	Unconscious	87 Hand/Wrist L/R
9 Laboratory	26 Collision	47 Pushed	67 Fracture	88 Head
10 Playground	27 Electrical	48 Poisoning	68 Multiple Injuries	89 Knees L/R
11 Lavatory	28 Playground Equip	49 Poke/Stab	69 Pulled Muscle	90 Leg L/R
12 Stairs	29 Seizure	50 Struck	70 Puncture	91 Mouth/Teeth
13 P.E.	30 Slip/Trip	51 Tackled	71 Sprain	92 Nose
14 Other	31 Steps/Stairs	52 Other	72 Twist/Jar/Jam	93 Other
	32 Vehicle	53	73 Other	
	33 Other			
5 Describe Incident				
_____ _____ _____				
Witness Name _____		Supervising Staff Present _____		
6 Immediate Action Taken		7 Follow-Up Procedures Done		
First aide Treatment	Yes/No _____			
Provided by:	_____			
Sent home	Yes/No _____			
Called 911	Yes/No _____			
8 Report Completed By		Date		

OFFICE USE ONLY

Report Noted By:

Principal _____ Date _____

School Nurse _____ Date _____

Administrator _____ Date _____