



INCIDENT REPORT

Complete for ALL incidents and complete a separate report for each person involved.

Employee
 Student
 Visitor
 Volunteer

Person injured: _____ Date/Time of incident: _____

Site/Building: _____

Specific location at site: _____

Describe incident in detail (include activity, where, how, piece of equipment involved, witnesses, who was supervising)	
Description of Injury: (i.e. extent, body part involved)	
Describe what was done for injured person (i.e. type of first aid administered)	
What action is being taken to prevent reoccurrence? If applicable	

Potential Blood Borne Pathogen Exposure? YES NO

Who Administered First Aid, if any? _____

Was doctor visit or hospitalization required? YES NO (If yes, file SAIF form 801)

Was there time loss? YES NO

Names of any others involved in incident: _____

For Incidents Involving a Student:

Teacher	Grade	Age	Parent/Guardian	Phone
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Was parent/guardian contacted? Yes No When? _____

Was student insurance form requested? Yes No Date Sent: _____

Comments: _____

Person Completing Report:

Print Name	Signature	Title	Date	Phone
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Submit to Human Resources within 24 hours of incident