INCIDENT # _____
(EX.10-11-GAHS -01)

GALLIPOLIS CITY SCHOOL DISTRICT

SCHOOL ACCIDENT/INCIDENT REPORT FORM

GENERAL INFORMATION

☐ GAHS ☐ GAMS ☐ Green Elem ☐ Rio Grande Elem ☐ Washington Elem ☐ Other _____

Name _____ Sex _____ Grade _____ Age _____
Last First MI

ACCIDENT/INCIDENT INFORMATION

Date of Accident _____ Time of Accident _____ ☐ AM ☐ PM

Supervised Activity? ☐ Yes ☐ No If yes, person in charge _____

NATURE OF INJURY

(May be completed after medical examination.)

☐ Abrasion ☐ Concussion ☐ Fracture ☐ Sprain
☐ Bruise ☐ Cut ☐ Laceration ☐ Strain
☐ Burn ☐ Dislocation ☐ Puncture ☐ Other _____

PART OF BODY INJURED

Head	Trunk	Arms	Legs
☐ Scalp	☐ Chest	☐ Shoulder	☐ Hip
☐ Back	☐ Abdomen	☐ Upper Arm	☐ Upper Leg
☐ Front	☐ Back	☐ Elbow	☐ Knee
☐ Eyes		☐ Lower Arm	☐ Lower Leg
☐ Ear		☐ Hand	☐ Foot
☐ Nose		☐ Fingers	☐ Toes
☐ Mouth			
☐ Tooth			
☐ Neck			

KIND OF ACCIDENT (check only one)

☐ Animal bite or insect bite
☐ Collision with student (Bump, etc.)
☐ Contact with hot or toxic substance
☐ Fall or slip
☐ Fighting
☐ Struck by auto, bike, etc.
☐ Struck by object (swing, etc.)
☐ Student collided with object (door, etc.)
☐ Other _____
_____

WHERE ACCIDENT/INCIDENT HAPPENED (check only one)

☐ Athletic Field ☐ Hallway ☐ Stairway
☐ Cafeteria ☐ Playground ☐ To or from school
☐ Classroom ☐ Restroom ☐ Vocational Shops & Labs
☐ Gym ☐ School Bus ☐ Other _____

CONTRIBUTING CAUSES

Environmental Factors (check only one)

☐ Crowding
☐ Doors
☐ Drinking Fountain
☐ Equipment
☐ Floors
☐ Hard Surface
☐ Lighting
☐ No Handrail
☐ Weather
☐ Other _____
_____

Human Factors (check only one)

☐ Active game
☐ Fatigue
☐ Fighting
☐ Horseplay
☐ Lack of training or experience
☐ Preoccupation
☐ Running
☐ Violation of rules
☐ Other _____
_____

Agents (check only one)

☐ Animal or Insect
☐ Electricity
☐ Fire
☐ Gases
☐ Liquids
☐ Recreation Equipment
☐ Pencil
☐ School Equipment
☐ Solids
☐ Student
☐ Vehicle
☐ Other _____
_____

ACCIDENT/INCIDENT DESCRIPTION

Describe the accident/incident in your own words. Please give all details.

_____

_____

_____

_____

_____

_____

_____

POST ACCIDENT/INCIDENT INFORMATION

1. Was first aid administered? ☐ Yes ☐ No By whom? _____
2. Was parent/guardian notified? ☐ Yes ☐ No By whom? _____ Time _____
   If no, explain. _____
3. Does health record indicate tetanus immunization currently effective? ☐ Yes ☐ No ☐ N/A
4. Was injured sent home? ☐ Yes ☐ No If yes, was he/she accompanied? ☐ Yes ☐ No
5. Was injured sent to physician? ☐ Yes ☐ No Name of physician _____
6. Was injured sent to hospital ER? ☐ Yes ☐ No Name of hospital _____
7. Days absent from school/work: _____
8. Were photographs taken of the injury/incident location? ☐ Yes ☐ No
9. Was the injured individual interviewed as a result of this incident? ☐ Yes ☐ No

ADMINISTRATIVE ACTION TAKEN

☐ No action taken

INSTRUCTIONAL

☐ Discussed at staff meeting
☐ Discussed in each class as part of regular instruction
☐ Discussed with parent/guardian
☐ Personal instruction given to injured
☐ Personal instruction given to person in charge
☐ Presented as a subject of assembly program

POLICY OR CORRECTIVE ACTION

☐ Environmental changes affected
☐ Notified school safety committee
☐ Safety rules amended to prevent recurrence
☐ Safety specialist invited to school to assist in safety program
☐ Suggest closer supervision

Describe, in detail, actions taken as a result of this incident _____

_____

_____

_____

_____

Primary Witness _____

Other Witnesses (1) _____ (2) _____

_____ _____

Signature of Employee/Student Date Signature of Supervisor Date