

RECOMMENDED

STANDARD STUDENT ACCIDENT REPORT

(check one)

_____ School Jurisdictional
 _____ Non-School Jurisdictional

School District:
 City, State:

GENERAL

1. Name _____ 2. Address _____

3. School _____ 4. Sex Male _____ Female _____ 5. Age _____ 6. Grade/Special Program _____

7. Time Accident Occurred
 Date: _____ Day of Week: _____ Exact Time: _____ AM _____ PM _____

INJURY

8. Nature of Injury _____

9. Part of Body Injured _____

10. Degree of Injury (check one)
 Death _____ Permanent _____ Temporary (lost time) _____ Non-Disabling (no lost time) _____

11. Days Lost
 From School: _____ From Activities Other Than School: _____ Total: _____

12. Cause of Injury _____

ACCIDENT

13. Accident Jurisdiction (check one)
 School: _____ Grounds _____ Building _____ To and From _____ Other Activities Not on School Property _____
 Non-School _____ Home _____ Other _____

14. Location of Accident (be specific) _____ 15. Activity of Person (be specific) _____

16. Status of Activity _____ 17. Suspension (if yes, give title & name of supervisor)
 Yes _____
 No _____

18. Agency Involved _____ 19. Unsafe Act _____

20. Unsafe Mechanical/Physical Condition _____ 21. Unsafe Personal Factor _____

22. Corrective Action Taken or Recommended _____

23. Property Damage
 School \$ _____ Non-School \$ _____ Total \$ _____

24. Description (give a word picture of the accident, explaining who, what, when, why and how)

SIGNATURE

25. Date of Report _____ 26. Report Prepared By (Signature & title) _____
 27. Principal's Signature _____