



Incident Report  
STUDENT Incident/Injury

**CONFIDENTIAL**



Instructions: Have a staff member complete pages 3-4, as needed, and email to Carol Ann Houpe and copy the Risk Manager. A supervisor needs to complete pages 6-9 and email to Risk Manager and copy Robin Faries.

# STUDENT INJURY REPORT

Name of Student \_\_\_\_\_  M  F DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_ Date of Injury \_\_\_\_/\_\_\_\_/\_\_\_\_

MARK ALL THAT APPLY (Other Student(s) Involved  Yes  No) Time of Injury \_\_\_\_\_  am  pm

Period
<input type="checkbox"/> Before School <input type="checkbox"/> Class Time <input type="checkbox"/> Lunch <input type="checkbox"/> Phys. Ed Class <input type="checkbox"/> Other _____

Incident Location
<input type="checkbox"/> Bus <input type="checkbox"/> Hallway <input type="checkbox"/> Shop <input type="checkbox"/> Playground/athletic field <input type="checkbox"/> Classroom <input type="checkbox"/> Cafeteria <input type="checkbox"/> Restroom <input type="checkbox"/> Gymnasium <input type="checkbox"/> Other _____

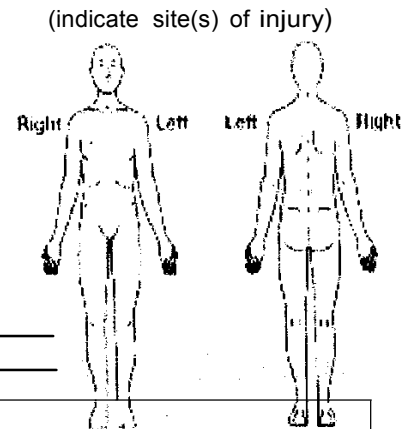
Supervision
<input type="checkbox"/> None <input type="checkbox"/> Teacher <input type="checkbox"/> Aide/monitor <input type="checkbox"/> Principal/asst. Principal <input type="checkbox"/> Driver <input type="checkbox"/> Coach <input type="checkbox"/> Parent/Volunteer <input type="checkbox"/> Other _____

Activity During Which Injury Occurred
<input type="checkbox"/> Classroom activity <input type="checkbox"/> Sitting <input type="checkbox"/> Jumping <input type="checkbox"/> Sliding <input type="checkbox"/> Running <input type="checkbox"/> Swinging <input type="checkbox"/> Fight/Roughhouse <input type="checkbox"/> Baseball <input type="checkbox"/> Football <input type="checkbox"/> Kickball <input type="checkbox"/> Soccer <input type="checkbox"/> Basketball <input type="checkbox"/> Gymnastics <input type="checkbox"/> Track & Field <input type="checkbox"/> Swimming <input type="checkbox"/> Other sports activity (Type _____) <input type="checkbox"/> Other activity _____

Incident Type
<input type="checkbox"/> Intentional <input type="checkbox"/> Non Intentional <input type="checkbox"/> Unknown <input type="checkbox"/> Assault/Fight <input type="checkbox"/> Bite <input type="checkbox"/> Sting/severe <input type="checkbox"/> Collision w/person <input type="checkbox"/> Collision w/object <input type="checkbox"/> Drown/near drown <input type="checkbox"/> Electrical <input type="checkbox"/> Fall/Trip <input type="checkbox"/> Fall from Object<5ft <input type="checkbox"/> Fall from Object 5-10ft <input type="checkbox"/> Fall from Object>10ft <input type="checkbox"/> Other _____

Status of Student
<input type="checkbox"/> Alert <input type="checkbox"/> Confused <input type="checkbox"/> Unconscious <input type="checkbox"/> Drowsy <input type="checkbox"/> Unconscious short period (How long? _____)

Type of Injury
<input type="checkbox"/> Abrasion <input type="checkbox"/> Cut <input type="checkbox"/> Bitten (human) <input type="checkbox"/> Crushing <input type="checkbox"/> Swelling <input type="checkbox"/> Gunshot Wound <input type="checkbox"/> Dislocation/Fracture (possible) <input type="checkbox"/> Puncture wound <input type="checkbox"/> Knife Wound <input type="checkbox"/> Bitten (animal) <input type="checkbox"/> Bruise <input type="checkbox"/> Burn <input type="checkbox"/> Sprain (possible) <input type="checkbox"/> Other _____



Comments \_\_\_\_\_

Action Taken (Mark all that apply)					
	Initials	Time		Initials	Time
<input type="checkbox"/> Administration Notified <input type="checkbox"/> Checked by School Nurse (RN) <input type="checkbox"/> First Aid Administered <input type="checkbox"/> Parent/Guardian Notified <input type="checkbox"/> Police Notified <input type="checkbox"/> Remained/Returned class			<input type="checkbox"/> Sent/Taken Home <input type="checkbox"/> Transported by EMS <input type="checkbox"/> Taken to Physician <input type="checkbox"/> Other _____ <input type="checkbox"/> Unable to contact parent/guardian		

Signature of person completing report \_\_\_\_\_

Date \_\_\_\_\_

Print name of person completing report \_\_\_\_\_

- Original to Student Services
- Copy to Principal (school record)

**Rowan-Salisbury Board of Education**  
**911 Incident Form**

TO BE FILED IN THE PRINCIPAL'S OFFICE  
FAX IMMEDIATELY TO STUDENT SERVICES DIRECTOR'S OFFICE

School Name \_\_\_\_\_

Name of Person \_\_\_\_\_

Classification: (Circle) Student    Staff    Visitor            \_\_\_ Male    \_\_\_ Female

Date and Time Incident Occurred \_\_\_\_\_

Location Incident Occurred \_\_\_\_\_

Student only: who was the employee supervising student at time of incident:

Brief description of incident and emergency first aid procedures administered by school personnel prior to arrival of 911 emergency personnel:

Name(s) of person(s) administering initial first aid \_\_\_\_\_

Person Placing Call to 911 \_\_\_\_\_ Time of Call \_\_\_\_\_

Time Initial Emergency Personnel Arrived \_\_\_\_\_

Transported to Medical Facility?  
Yes            Name of Facility \_\_\_\_\_  
No \_\_\_\_\_ If not transported, where is the student? \_\_\_\_\_  
\_\_\_\_\_

School employee accompanying injured to medical facility (if any) \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of person completing report                      Date                      Printed name of person completing report

Revised 8/11/2020 In compliance with federal law, the Rowan-Salisbury School System administers all education programs, employment activities, and admissions without discrimination because of race, religion, national or ethnic origin, color, age, military service, disability, or gender, except where exemption is appropriate and allowed by law.



**Supervisor Incident Investigation Report  
STUDENT INJURY**

**CONFIDENTIAL**

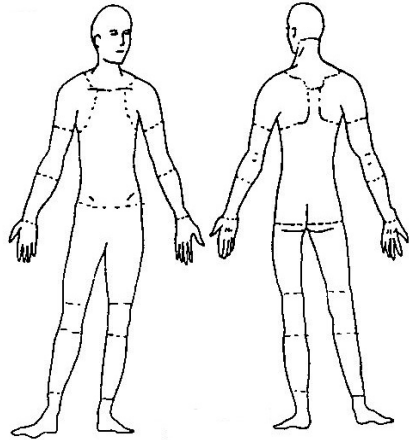
## Supervisor Incident Investigation Report

**Instructions:** Complete this form within 24 hours after an incident/ injury. Submit to Safety Department. Include all witness statements, employee statement, photos and etc....

This is a report of a: <input type="checkbox"/> Incident <input type="checkbox"/> Injury <input type="checkbox"/> First Aid Only <input type="checkbox"/> Near Miss	
Date of incident:	This report is made by: <input type="checkbox"/> Supervisor <input type="checkbox"/> Admin Team <input type="checkbox"/> Other_____

### Step 1: Injured Student (complete this part for each injured student)

Name:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Age:
Grade:	Job title at time of incident:	
Part of body affected: (shade all that apply)	Nature of injury: (most serious one) <input type="checkbox"/> Abrasion, scrapes <input type="checkbox"/> Amputation <input type="checkbox"/> Broken bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn (heat) <input type="checkbox"/> Burn (chemical) <input type="checkbox"/> Concussion (to the head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Cut, laceration, puncture <input type="checkbox"/> Hernia <input type="checkbox"/> Illness <input type="checkbox"/> Sprain, strain <input type="checkbox"/> Damage to a body system: <input type="checkbox"/> Other _____	<div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>



### Step 2: Describe the incident

Exact location of the incident:	Exact time:
What part of student's day? <input type="checkbox"/> Entering or leaving school <input type="checkbox"/> Doing normal activities <input type="checkbox"/> During meal period <input type="checkbox"/> Other_____	
Names of witnesses (if any):	

<b>Number of attachments:</b>	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.			
Description continued on attached sheets: <input type="checkbox"/>			

<b>Step 3: Why did the incident happen?</b>	
Unsafe workplace conditions: (Check all that apply) <input type="checkbox"/> Inadequate guard <input type="checkbox"/> Unguarded hazard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment defective <input type="checkbox"/> Workstation layout is hazardous <input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of needed personal protective equipment <input type="checkbox"/> Lack of appropriate equipment / tools <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> No training or insufficient training <input type="checkbox"/> Other: _____	Unsafe acts by people: (Check all that apply) <input type="checkbox"/> Operating without permission <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has power to it <input type="checkbox"/> Making a safety device inoperative <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment in an unapproved way <input type="checkbox"/> Unsafe lifting <input type="checkbox"/> Taking an unsafe position or posture <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to wear personal protective equipment <input type="checkbox"/> Failure to use the available equipment / tools <input type="checkbox"/> Other: _____
Why did the unsafe conditions exist?	
Why did the unsafe acts occur?	
Were the unsafe acts or conditions reported prior to the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have there been similar incidents or near misses prior to this one?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Step 4: How can future incidents be prevented?**

**What changes do you suggest to prevent this incident/near miss from happening again?**

- Stop this activity       Guard the hazard       Train the employee(s)       Train the supervisor(s)
- Redesign task steps       Redesign work station       Write a new policy/rule       Enforce existing policy
- Routinely inspect for the hazard       Personal Protective Equipment       Other: \_\_\_\_\_

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets:

**Step 5: Who completed and reviewed this form? (Please Print)**

Written by:

Title:

Department:

Date:

Names of investigation team members:

Reviewed by:

Title:

Date:

Risk Manager:

Reviewed Date:



