

General Liability

INCIDENT REPORT

Scan & Email or Fax to Gina Amos
AND Dwayne Ellison. (Fax 863-5367)

STUDENT INCIDENT

VISITOR INCIDENT

Incident Date: _____ Time: _____ School: _____

Student/Visitor: _____

INCIDENT INFORMATION:

Describe in detail how incident occurred: _____

What was student/visitor doing at time of incident: _____

Were weather conditions a factor? YES/NO Describe conditions: _____

Name, address and phone number of all witnesses to the incident (use separate sheet if necessary):

STUDENT/VISITOR INFORMATION:

Name: _____ DOB: _____

Address: _____

_____ Home Telephone: _____

INJURY INFORMATION:

Describe nature and extent of injury to each injured person _____

Was first aid given: YES/NO When and by whom: _____

Was injured transported from scene via ambulance: YES/NO Where were they taken: _____

SAFETY:

Contributing unsafe conditions, consider equipment/tools, materials housekeeping, etc.: _____

Contributing unsafe acts; consider action(s) of all students, violation of rules/practices, etc.: _____

Corrective action(s) recommended by Supervisor: _____

Prepared by:

_____ Date: _____

**Scan & Email or Fax to Gina Amos AND Dwayne Ellison.
(Fax 863-5367)**