

ACCIDENT REPORT

This report is to be filled out at once by the person responsible for the student at the time of any and all accidents during any school activity.

Building or Location: _____

Student's Name: _____ Grade: _____

Address: _____ Phone: _____

Parent/Guardian: _____

Activity: _____

Describe what happened:

Place: _____ Time: _____ Date: _____

Witnesses (if any): _____

Action taken (if any), if none say none:

Parent/Guardian notified: YES NO If yes, when: _____

If no, explain: _____

Signature of person completing report

Date

SHOP ACCIDENT REPORT

STUDENT _____ DATE _____

SCHOOL OR PROGRAM _____

LOCATION _____

1. Describe the injury.
2. Time and date of accident.
3. How did the accident occur?
4. Which machine or piece of equipment was involved? Serial Number?
5. Were proper safety precautions being used at the time of the accident? Explain.
6. Were proper safety clothing and equipment being used at the time of the accident? Explain.
7. Was the accident a direct result of a safety violation? Explain.
8. Was the student previously informed of the safety rule that should have prevented this accident? Explain.
9. What medical treatment was provided?

Witnesses: _____

Name

Address

_____ Name

_____ Address

_____ Name

_____ Address

Date: _____ Instructor: _____

Date: _____ Supervisor: _____

Date of Report in Central Office: _____