

INCIDENT OR ACCIDENT REPORT

LOC _____ FUNCTION _____

Immediately after incident, complete and forward to: **The Diocese of Pensacola-Tallahassee, 11 North B Street, Pensacola, FL 32502** NOTE: Signature of Teacher and/or immediate supervisor and principal or group leader are required. CALL IMMEDIATELY IF INCIDENT IS SERIOUS.

1. Name: _____ Home Address: _____
 2. School: _____ Sex: M F Age: _____ Grade or Classification: _____
 3. Time accident occurred: Hour _____ A.M. _____ P.M. Date: _____
 4. Place of Accident: School Building School Grounds To or from School Home Elsewhere
 5. Does student have School Accident Insurance Yes No

NATURE OF INJURY	Abrasion _____	Fracture _____	DESCRIPTION OF THE ACCIDENT How did accident happen? What was student doing? Where was student? List specific unsafe acts and unsafe conditions existing. Specify any tool, machine or equipment involved. _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
	Amputation _____	Laceration _____	
Asphyxiation _____	Poisoning _____		
Bite _____	Puncture _____		
Bruise _____	Scalds _____		
Burn _____	Scratches _____		
Concussion _____	Shock (el) _____		
Cut _____	Sprain _____		
Dislocation _____	_____		
Other (specify) _____	_____		
PART OF BODY INJURED	Abdomen _____	Foot _____	
	Ankle _____	Hand _____	
	Arm _____	Head _____	
	Back _____	Knee _____	
	Chest _____	Leg _____	
	Ear _____	Mouth _____	
	Elbow _____	Nose _____	
	Eye _____	Scalp _____	
	Face _____	Tooth _____	
	Finger _____	Wrist _____	
	Other (specify) _____	_____	

7. Degree of injury: Death Permanent Impairment Temporary Disability Non disabling
 8. Names of others involved in accident: _____
 9. Teacher in charge when accident occurred: Enter name _____
 10. Present at scene of accident: No _____ Yes _____

IMMEDIATE ACTION TAKEN	First Aid treatment _____	By (Name): _____	
	Sent to school nurse _____	By (Name): _____	
	Sent home _____	By (Name): _____	
	Sent to physician _____	By (Name): _____	Physician's Name: _____
	Sent to hospital _____	By (Name): _____	Name of hospital: _____

11. Was a parent or other individual notified? No ___ Yes ___ When _____ Phone # _____
 Name of individual notified: _____ Their attitude _____
 By Whom? (Enter name) _____
 12. Witnesses: 1. Name _____ Address: _____
 2. Name _____ Address: _____

LOCATION	SPECIFY ACTIVITY	SPECIFY ACTIVITY	REMARKS What recommendations do you have for preventing other accidents of this type? _____ _____ _____ _____ _____
	Athletic Field _____	Locker _____	
	Auditorium _____	Pool _____	
	Cafeteria _____	Sch. grounds _____	
	Classroom _____	Shop _____	
	Corridor _____	Showers _____	
	Dressing room _____	Stairs _____	
	Gymnasium _____	Toilets and _____	
	Home Econ. _____	washrooms _____	
	Laboratories _____	Other (specify) _____	

Signed Principal _____ Teacher _____