

(check one)

- School Jurisdictional
- Non-School Jurisdictional

RECOMMENDED
STANDARD STUDENT ACCIDENT REPORT
 (See instructions on reverse side)



(check one)

- Recordable
- Reportable Only

School District:
 City, State:

| | | | | | | |
|-----------------|---|---------------------------|--|--|--|--|
| General | 1. Name | | 2. Address | | | |
| | 3. School | | 4. Sex Male <input type="checkbox"/> Female <input type="checkbox"/> | 5. Age | 6. Grade/Special Program | |
| | 7. Time Accident Occurred Date: | | Day of Week: | | Exact Time: AM <input type="checkbox"/> PM <input type="checkbox"/> | |
| Injury | 8. Nature of Injury | | | | | |
| | 9. Part of Body Injured | | | | | |
| | 10. Degree of Injury (check one) Death <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (lost time) <input type="checkbox"/> Non-Disabling (no lost time) <input type="checkbox"/> | | | | | |
| | 11. Days Lost From School: From Activities Other Than School: Total: | | | | | |
| | 12. Cause of Injury | | | | | |
| Accident | 13. Accident Jurisdiction (check one) School: Grounds <input type="checkbox"/> Building <input type="checkbox"/> To and From <input type="checkbox"/> Other Activities Not on School Property <input type="checkbox"/> Non-School: Home <input type="checkbox"/> Other <input type="checkbox"/> | | | | | |
| | 14. Location of Accident (be specific) | | | 15. Activity of Person (be specific) | | |
| | 16. Status of Activity | | | 17. Supervision (if yes, give title & name of supervisor) Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| | 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 | | | | |

INSTRUCTIONS

Please read carefully – Fill out form completely

Use the form on the reverse side to report each school and each non-school jurisdictional accident. In the upper left corner, check appropriate box:

School Jurisdictional. Any accident which results in any injury to a pupil and/or property damage which occurs in a school building, on school grounds, on the way to or from school, or in connection with any other school-sponsored activity even though not on school property.

Non-School Jurisdictional. An accident which causes restriction of activity to the pupil, occurring anywhere not definitely specified above.

In the upper right corner, check appropriate box:

Recordable. If the accident results in

- Pupil injuries severe enough to cause the loss of one-half day or more of school time, or
- Pupil injuries severe enough to cause the loss of one-half day or more of pupil activity during non-school time, or
- Any property damage as a result of a school jurisdictional accident.

Reportable Only. If the accident does not cause a *lost time* injury or property damage.

NOTE: Only those forms checked **Recordable** are to be included in the Annual Student Accident Summary forms which are submitted to the National Safety Council.

- Name.** Name of injured student.
- Address.** Home address.
- School.** School attended.
- Sex.** Check box.
- Age.** Age of student at last birthday.
- Grade/Special Program.** Grade level such as K-for kindergarten, 1-for first grade, 2-for second grade, etc.; Special Education, Adult Education, Junior College, etc. If a special program, such as Head Start, Student Work Program, Adult Re-Training or Pre-Primary, so indicate.
- Time Accident Occurred.** Indicate the time the accident occurred as follows: Date (month, day of the month, and year); day of the week; the exact time and check AM or PM.
- Nature of Injury.** Indicate, *to the best of your knowledge*, what the injury was, such as burn, fracture, abrasion, etc. If multiple injuries, so indicate and list each.
- Part of Body Injured.** Indicate part of body injured, such as lower left arm, right ankle, scalp, etc. If more than one part of body is injured, indicate as "multiple" and list each part.
- Degree of Injury.** Check one box. If the degree of injury is not immediately known, estimate or use a follow-up

system. Reports should not be held up for lack of this information.

Death. If fatal.

Permanent. If injury results in a complete loss of, or loss of use of, a body part or parts, such as the loss of an eye, the loss of use of a limb, amputation of a part of the body, etc.

Temporary (lost time). If the injury does not cause permanent disability, but causes the child to lose one-half day or more of school, or one-half day or more of normal activity, during a non-school period.

Non-Disabling (no lost time). If the injury did not cause permanent disability and/or lost time, or loss of activity.

11. **Days Lost.** Indicate from one-half or more, the number of days that the student was absent from school; and/or the number of days from one-half day or more, the student was restricted from normal activities if during a non-school period. One-half day's lost time in school is defined as one-half of the normal school day for that particular student. The time charge for death is 1,200 days. See *Guidebook*, page 24, for permanent disability charges. If lost time is not immediately known, estimate or use a follow-up system. Reports should not be held up for lack of this information.

12. **Cause of Injury.** Identify the event which resulted in the injury, such as "struck against moving object," "fall from elevation," "rubbed or abraded," "over exertion," etc.

13. **Accident Jurisdiction.** Check one box to indicate where the accident occurred.

14. **Location of Accident.** Indicate exact location of the accident. Example: Second floor corridor near room 210, girls' gymnasium, sidewalk at northeast corner of 12th and Locust, inside stairway at home, etc.

15. **Activity of Person.** Indicate what person was doing at time of the accident. Example: Conducting a science experiment, playing second base in softball, riding as a passenger in parents' car, driving a bicycle, etc.

16. **Status of Activity.** Indicate status of activity at time of the accident. Example: Regular classroom period, physical education class, intramural athletic practice, interscholastic athletics, recess, lunch period, supervised before or after school activities, at a friend's home, in the kitchen, at a supermarket, etc.

17. **Supervision.** Check box to indicate whether an adult was present at the scene of the accident; if "yes," indicate by name and title whether this adult was the teacher, another school employee, the parent, another adult, etc.

18. **Agency Involved.** Indicate the equipment, substance, material, or the thing most closely related to the accident. Example: Glass test tube, motorcycle, ground surface, another person, dog, etc.

19. **Unsafe Act.** Indicate any act on the part of the person or persons involved which may have caused or contributed to the accident. Example: Using equipment unsafely, feet in aisle, body contact in sports or other action in excess of intent of rule, not following established rules, etc.

20. **Unsafe Mechanical/ Physical Condition.** Indicate any unsafe mechanical or physical conditions such as deep ruts in play area, ice on sidewalk, improperly guarded machine, improperly stored material, poor lighting, porch railing in need of repair, etc.

21. **Unsafe Personal Factor.** Indicate any unsafe personal factors that may have contributed to the accident. Example: Bodily defects such as defective hearing; lack of knowledge, skill or experience, such as failure to recognize hazards; emotional upsets such as death in the family, new sibling, parental separation or school failure.

22. **Corrective Action Taken or Recommended.** Indicate what action was taken locally and/or what further action is recommended, if needed action cannot be taken by local school personnel. Example: Maintenance action such as play area holes were filled and leveled; procedural action such as a study is being made to improve the flow of students into the auditorium; engineering recommendation such as the ventilating system should be studied to determine if sufficient for the area involved; curriculum recommendation such as the present course of study for woodworking shop should be reviewed to insure that safe procedures are included; counseling action such as referred child to guidance department.

23. **Property Damage.** Estimate in dollars the amount of damage, if any, to school property and/or other property as the result of the accident. Do not hold up report for this information. If there was no property damage write "none."

24. **Description.** Give a *word* picture of the accident, explaining who, what, where, when, why and how of the accident. Include such items as weather, equipment, unsafe conditions, unsafe acts, personal factors, and whether other persons may have contributed to the accident, and how.

25. **Date of Report.** Date report was completed.

26. **Report Prepared by.** Signature and title of person preparing report.

27. **Principal's Signature.**