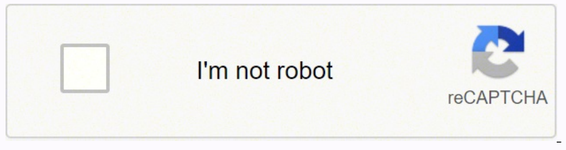

Open

Accident report form template for schools

CONSUMER INCIDENT, ACCIDENT, ILLNESS, DEATH, OR ARREST REPORT
MACOMB COUNTY COMMUNITY MENTAL HEALTH SERVICES

Facility/Home Facility Code_____	Recipient
Facility Address	Age Sex: M( ) F( )
City Zip	Case Number
Licensee/Organization	Licensee Number

PERSONS INVOLVED/WITNESSED — PERSONS INVOLVED/WITNESSED

Name	Name
Address	Address
Phone Number	Phone Number

Date of Incident	Time:	Location:

CHECK TYPE OF INCIDENT

A. ☐ Suicide
B. ☐ Death (non suicide)
C. ☐ Use of physical management **(Must also complete and attach Use of Physical Management Form)**
D. ☐ Emergency medical treatment due to injury or physical illness
E. ☐ Hospitalization (Medical) due to injury or physical illness
F. ☐ Property destruction – over $100
G. ☐ Serious display of verbal or behavior hostility
H. ☐ Emergency medical treatment due to medication error **(Must also complete and attach Medication Error Form)**
I. ☐ Hospitalization (Medical) due to medication error **(Must also complete and attach Medication Error Form)**
J. ☐ Suspected adverse reaction to medication **(Must also complete and attach Medication Error Form)**
K. ☐ Staff administration of incorrect medication **(Must also complete and attach Medication Error Form)**
L. ☐ Staff administration of incorrect dosage **(Must also complete and attach Medication Error Form)**
M. ☐ Staff failed to administer medication **(Must also complete and attach Medication Error Form)**
N. ☐ Arrest of consumer
O. ☐ Allegations of, apparent, or suspected abuse and neglect **(Must immediately notify the Office of Recipient Rights at (586) 469-6528 or immediately fax a Recipient Rights Complaint form to (586) 466-4131 for abuse and neglect and all other possible rights violations)**
P. ☐ Other

EXPLAIN WHAT HAPPENED:

ACTION TAKEN BY STAFF/TREATMENT GIVEN (INCLUDING TREATING PHYSICIAN, MEDICAL FACILITY, DIAGNOSIS OR CAUSE OF DEATH):

ACTION TAKEN TO REMEDY AND/OR PREVENT RECURRENCE OF INCIDENT, ACCIDENT, ILLNESS, DEATH, OR ARREST:

PERSONS NOTIFIED (NAME)	DATE/TIME	PERSONS NOTIFIED (NAME)	DATE/TIME
☐ Adult Foster Care Licensing		☐ Adult/Children Protective Services	
☐ Physician or RN		☐ Office of Recipient Rights	
☐ Case Manager/Supports Coordinator		☐ Law Enforcement	
☐ Supervisor		☐ Other (Specify)	

SIGNATURE OF PERSON COMPLETING REPORT	PRINT NAME AND TITLE	DATE
SIGNATURE OF LICENSEE/ADMINISTRATOR	PRINT NAME AND TITLE	DATE

INCIDENT REPORT FORMAT

To be completed by staff within 12 hours of incident/accident

Incident Date: _____ Incident Time: _____
Injured Person Name: _____
Address: _____
Phone Numbers: _____
Male/Female: _____ Date of Birth: _____

Details of Incident:
_____
_____
Who was injured person? _____
Injury Type: _____

Does Injury require Hospital/Physician? Yes: _____ No: _____
Hospital Name: _____
Address: _____
Hospital Phone Numbers: _____
Injured person/Party Signature/Date: _____/_____

Important Notes and Instructions:
_____
_____
_____
_____
_____
_____

Prepared By: _____ Date: _____
Name of Approved By: _____ Signature: _____

OFSC Incident Report

This report should be completed for the following incident types where they occur on building or civil construction sites and the accredited contractor is the head contractor (all subcontractor incidents should be included):

- All fatalities on both Scheme and non-Scheme projects, irrespective of the project value (notify immediately to 1800 652 500 and provide report within 48 hours);
- Any incident resulting in a LTI on a Scheme or non-Scheme project (the OFSC also encourages the reporting of AWIs [Alternate Work Injuries] where the project value is $3 million or more (provide report within 48 hours if a Notifiable Incident, otherwise provide report within 3 weeks);
- Any MTI or dangerous occurrence on a Scheme project (provide report within 48 hours if a Notifiable Incident, otherwise provide report within 3 weeks. Non notifiable dangerous occurrences do not need to be reported to the OFSC).

Part A - Project details

A1 Accredited contractor:	
A2 Accreditation number:	
A3 Contact person:	
A4 Position:	
A5 Telephone:	
A6 Email:	
A7 Construction type: ☐ Commercial ☐ Civil ☐ Residential	
A8 Project name:	**Contract number (if OFSC Scheme project):**
A9 Project value: ☐ < $3 million ☐ $3 million to < $10 million ☐ $10 million or more	

Part B - Incident details

B1 Date of incident:
B2 Time of incident:
B3 Project site location/address where incident occurred: **State/Territory:**
B4 Incident type: ☐ Dangerous Occurrence (must be notifiable at B5) ☐ MTI ☐ LTI ☐ Fatality
B5 Is this a notifiable incident *: ☐ Yes ☐ No

B6 Breakdown agency of incident:	**B7 High Risk Construction category:**
(The main event that initiated the incident) ☐ 1. Machinery and fixed plant ☐ 2. Mobile plant and transport ☐ 3. Powered equipment, tools and appliances ☐ 4. Non-powered hand tools, appliances and equipment ☐ 5. Chemical and chemical products ☐ 6. Materials and substances	*(The most significant risk category if any that relates to the incident)* ☐ 1. Where there is a risk of a person falling two metres or more ☐ 2. On telecommunications towers ☐ 3. Involving demolition ☐ 4. Involving the disturbance or removal of asbestos ☐ 5. Involving structural alterations that require temporary support to prevent collapse ☐ 6. Involving a confined space ☐ 7. Involving excavation to a depth greater than 1.5 metres

SUWANNEE COUNTY DISTRICT SCHOOLS
ACCIDENT/INCIDENT REPORT FORM

Instructions: Teacher or employee witnessing the accident/incident should complete this form immediately and fax to Claire Wood, Finance Department (364-2136 fax). SEND HARD COPY AFTER SIGNATURES ARE OBTAINED. All witnesses to accident/incident are to submit a written statement to attach to this form.

INJURED PERSON'S NAME: _____
SCHOOL/SITE: _____ GRADE: _____ DATE OF BIRTH: _____ SEX: ☐M ☐F
NAME OF PARENT OR GUARDIAN(if applicable): _____
MAILING ADDRESS: _____
PARENTS WORK PHONE: _____ HOME PHONE: _____

DATE OF ACCIDENT: | TIME: ☐AM ☐PM

PLACE OF ACCIDENT:

ADULT WITNESS: | SUPERVISING TEACHER:

NATURE OF INJURY

Abrasion	Fracture	
Amputation	Laceration	
Asphyxiation	Poisoning	
Bite	Puncture	
Bruise	Scald(s)	
Burn	Scratch	
Concussion	Shock (Bite)	
Cut	Sprain	
Dislocation	Other (Specify)	

PART OF BODY INJURED

Abdomen	Eye	Leg
Ankle	Face	Mouth
Arm	Finger	Wrist
Back	Foot	Nose
Chest	Hand	Scalp
Ear	Head	Tooth
Elbow	Knee	Other

DESCRIPTION OF THE ACCIDENT
List specifically unsafe acts and unsafe conditions existing. Specify any tool, machine or equipment involved.

How did accident happen? _____

What was student doing? _____

Where was the student? _____

NAMES OF OTHERS INVOLVED IN ACCIDENT: _____

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		_____

WAS PARENT NOTIFIED? ☐ YES ☐ NO ☐ N/A TIME: ☐ AM ☐ PM
NAME OF PERSON NOTIFIED:
BY WHOM?
ACTION REQUESTED BY PERSON NOTIFIED: _____

SIGNATURE OF PERSON COMPLETING FORM (WITNESS):
SIGNATURE OF SCHOOL OFFICIAL:
TITLE: DATE SIGNED:

5100-002
Revised: 9/28/2010

Incident Report Form Template

NAME OF INVOLVED PERSON
_____

ADDRESS _____

_____

PHONE _____ **AGE** _____ **SEX** _____

DATE & TIME OF INCIDENT _____

LOCATION _____

WAS ILLNESS OR INJURY INVOLVED (if yes, describe below)? _____

DESCRIPTION OF I NCIDENT (Please include names of individuals involved, nature of the incident, if injury or illness give name of physician/hospital used, names & addresses of witnesses, and narrative of what occurred)

_____

_____

_____

PRINT NAME OF PERSON SUBMITTING REPORT _____

SIGNATURE OF PERSON SUBMITTING REPORT _____

DATE OF REPORT _____ **DATE FORWARDED TO DPW/OMAP/MATP** ____

Make the work of all parties involved in an accident easier when you state the facts, when everyone can read the facts about your report clearly, and when subsequent copies of the report are legible.Whether you're filling out an accident report for a road accident or an accident at work, the timing of your report is critical. An attorney can also help you file the appropriate reports for your damage claims and should be consulted when you intend to sue for damages.Consult accident expertsYour insurance carrier, workplace supervisor, and other agencies have more information online and over the phone about filling out accident reporting forms. In a private residence, the homeowner must be informed, and you should follow up with a police/ambulance/hospital/insurance report as needed.Pay attention to DetailsAccident reports vary depending on the agency to which they are referring. The incident report relating to the infringement shall contain details of the incident and the person or persons who assisted it.Paid planUse this form to report accidents in the restaurant by gathering all the necessary information from the person who assisted you, whether it is a member of staff or a customer.Free you can use this form within your organization to collect accurate reports on security breaches whenever they occur. If the accident occurs on a public road, local law enforcement authorities may collect reports at the scene of the accident. Gather accurate information about the accident, the tenants involved, the date of the accident, and its location.Paid planOffering drivers a painless way to record and the details of the collisions, INJ ... freeindagaria accidents with more easily with the help of a pre-built warehouse accident king ... freered quickly and efficiently information on unpleasant workplace accidents such as harassment ... See others Models Here are some suggestions to follow when filling out various types of accident reporting modules. 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Paid Planin causes a fire, you can use this accident ratio to collect all the required details of the unfortunate event before planning an investigation . In the workplace, it is necessary to notify the supervisor responsible for the employee or the wounded property. Security is essential, and every time someone violates it, someone must report it.Paid Planreport accidents involving violations, hacks or hijacking with this Online form. Details you should be able to provide: date and time of accident precise location of accidents The people involved including titles and contact information equipment / vehicle / objects involved meteorological conditions or climatic conditions Contact drivers and insurance information if Applicable treatment made to wounded diagrams and photos of the accident if accidents and accident modules of accident modules can have sections that require more information than the above items, including request information on events that may have led to an accident or injury .alk to a legal professional who He is afraid that you can be held responsible for the injury or the incident of someone else, or fear of liability for the loss of property, speaking with a lawyer before completing and presenting a report on accident on the accident in question. In some committed jurisdictions, it is responsible for reporting accidents and injuries of the vehicle to the city, to the county or the appropriate state agency and report your accident to your insurance agency. If you can't write correctly because of your injuries, they dictate your answers to someone who can clearly write. Other from Planyou Planyou can² use this online form to receive cruelty reports animal by witnesses. A qualified attorney can² help you fill out required forms while also protecting you from liability malified. Get expert help when you're unsure Accident report requests. Of course, any person in danger must be stabilized and made safe before doing anything else. After injured or at-risk persons are safe and frequented, filling out an accident report is the first responsibility of witnesses, victims of injuries if able and anyone with knowledge of the events surrounding an accident. Fleet Managers, Car Insurance Agencies, Occupational Safety and Health Administration (OSHA), Workers' Compensation Insurers and Other Stakeholders You just want the facts about any accident you've witnessed or suffered from. Use a black or blue pen when filling Report on a Written Accident and write as laggible as possible. power.

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