

Official Incident Reporting Form for Career & Technical Education Programs, Cooperative Education Experiences and Structured Learning Experiences

1A. County _____ School District _____ School Name _____

1B. Incident Information

A. Gender of injured person Male Female

B. Race of injured person Am. Indian or Alaska Native Asian Black or African Am. Native Hawaiian or Other Pacific Islander
 White Other (please specify _____)

C. Ethnicity of injured person Hispanic or Latino Not Hispanic or Latino

D. Injured person was Student Staff Other (please specify) _____

E. Did the incident occur off school property? Yes No **F. Incident took place at** School Co-op/SLE Site Travel to/from Site

G. Type of business where injury occurred (if applicable) _____

H. Student Co-op/SLE job title _____

I. Injured person sent to Doctor Hospital

J. Grade of injured person K-6 7 8 9 10 11 12 adult **K. Age of injured person** _____

L. Actual number of hours in school on day of injury _____ **M. Actual number of hours at Co-op/SLE site on day of injury** _____

II. Type of Career & Technical Education Program, Cooperative Education Experience or Structured Learning Experience

A. Career Cluster (please mark one)

- Agriculture, Food & Natural Resources Architecture & Construction Arts, Audio/Video Technology & Communications
- Business Management & Administration Education & Training Finance Government & Public Administration Health Science
- Hospitality & Tourism Human Services Information Technology Law, Public Safety, Corrections & Security Manufacturing Marketing
- Science, Technology, Engineering & Mathematics Transportation, Distribution & Logistics

B. Type of Cooperative Education Experience/Structured Learning Experience (please mark one)

- Apprenticeship Training Co-op Ed. Exp. Co-op Ed. Exp – Hazardous Intern (paid) Intern (unpaid) Job Shadowing
- Nat'l & Comm. Serv. Proj. School-Based Enterprise Serv. Learning Supervised Agr. Exp. Volunteer WECEP Other (specify) _____

C. Did incident involve a student with an Individualized Education Program (IEP)? Yes No

III. Description of Injury (please mark all that apply)

A. Body part Abdomen Ankle Arm Back Buttocks Chest Collarbone Ear Elbow Eye Face Finger Foot Hand Head

Knee Leg Lungs Mouth Neck Nose Ribs Scalp Stomach Teeth Throat Urinary/Genital Wrist Other _____

B. Nature Abrasion Amputation Asphyxiation Bite Bruise/Bump Burn Concussion Cut/Laceration Dislocation Fracture

Poisoning Puncture Splinter Scratch Shock Sprain Sting Other _____

C. Cause Caught in/under/between Contact w toxic substance Contact w electric current Contact w temp extremes Fall (elevation)

Fall (same level) Horseplay Inhaled toxic substance Overexertion Repetitive motion Rubbed/abraded Struck against Struck by

Other _____

D. Degree of Injury at Time of Awareness Non-disabling Temporary Disabling Permanent Disability Death

E. Personal Protective Equipment: Was personal protective equipment worn at the time of the incident? Yes No

What type of protective equipment was used? _____

IV. Date and time of incident: ___/___/___ ___:___ AM/PM

V. Narrative: Briefly describe incident, including surrounding conditions, actions, tools and equipment involved

VI. Corrective action taken: Describe what measures have been taken to correct the conditions leading to the incident

VII. Report Completed by: Signature: _____ Title: _____

Signature of Principal (date): _____ Signature of Safety and Health Designee (date): _____

Name of injured person: _____