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)

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: ____________________________