Ss. Peter & Paul School

5480 Main Street • Williamsville, New York 14221-6780 • (716) 632-6146 • Fax: (716) 626-0971

INCIDENT REPORT

Report Date: ___/___/___ (mm dd yy)

Name: _____

Sex: 1 Male 2 Female Grade: ___ Age: ___ Incident Date: ___/___/___ (mm dd yy) Time: ___ : ___ a.m. p.m.

Day: SU 1 M 2 T 3 W 4 TH 5 F 6 S 7

01 Before School Hrs
02 During School Hrs
03 After School Hrs
04 School Not in Session

School Building Name
Where Incident Occurred: _____ Code: _____

(CIRCLE FIRST APPLICABLE ONE)

Place of Incident

01 Phys. Ed. Class-Indoors
02 Phys. Ed. Class-Outdoors
03 Organized Athletics-Home
04 Organized Athletics-Away
05 Gymnasium
06 Locker Room
07 Swimming Pool
08 Science Lab: # _____
09 Industrial Arts
10 Home Economics
11 Auditorium
12 Library
13 Restroom
14 Classroom/Office # _____
15 Halls
16 Stairways
17 Playground
18 Parking Lots
19 Cafeteria
20 Bus # _____
21 Automobile
22 Other Off-Premises (field/class trip, to school, etc.
50 Other _____

Source of Incident

01 Children Fighting
02 Horseplay
03 Sharp Objects
04 Falling/Flying Objects
05 Gymnastics/Equipment
06 Specialized/Creative Apparatus
07 Phys. Ed. Equipment
08 Machinery/Equipment
09 Bee Sting/Animal Bite
10 Door/Window/Hatch etc.
11 Hot Surface
12 Electricity
13 Chemical/Paint/Fumes/Dust
14 Stairways
15 Fire/Smoke/Flame/Flash
16 Structural Failure/Collapse
17 Falls/Slips
18 Unintentional Act
19 Condition of Premises - Interior
20 Condition of Premises - Exterior
21 Furniture (Desk, chair, locker, etc.)
22 Wall
50 Other _____

(CIRCLE ONE)

Nature of Injury

01 Asphyxiated
02 Bite
03 Bruise
04 Bumped
05 Burn
06 Concussion
07 Crushed/Pinched
08 Dislocated
09 Fractured/Broken
10 Hernia
11 Infected
12 Irritated
13 Cut
14 Scratch
15 Inflamed/Swollen
16 Lacerated
17 Overexerted
18 Poisoned
19 Punctured
20 Sprained/Strained
21 Shock/Trauma
22 Chipped
50 Other _____

Body Part Affected

01 Abdomen
02 Ankle L R
03 Arm L R
04 Back
05 Chest
06 Ear L R
07 Elbow L R
08 Eye L R
09 Face/Nose
10 Finger
11 Foot/Toe L R
12 Groin/Pelvis
13 Hand L R
14 Head/Scalp
15 Heart
16 Hip L R
17 Knee L R
18 Leg L R
19 Lung L R
20 Neck
21 Shoulder L R
22 Teeth/Mouth/Jaw/Lip
23 Wrist L R
24 Multiple
50 Other _____

At the time of the incident:
Name of supervisor in charge _____ Incident Witnessed? Y N
Names of Persons Exposed to Blood _____
Narrative Description of Incident:

First Aid Rendered: _____

Reported to School Nurse? yes ☐ no ☐

Were the following Called? If yes:

Parent	Y	N	Name _____
Physician	Y	N	Name _____
Ambulance	Y	N	Name _____

Was the injured taken anywhere? Y N
If yes: By Whom _____
By What Means _____
Where _____

Name of Parent/Guardian _____
Address _____ Telephone _____

Witnesses: Name _____ Name _____
Address _____ Address _____
Telephone _____ Telephone _____

	Name	Signature	Date
Person Completing This Form			
Principal			