

GRANTS PASS SCHOOL DISTRICT NO.7

REPORT OF ACCIDENT

PATRON

This form should be completed by the injured person and returned to the Safety Officer at the District office within 24 hours.

PLEASE PRINT CLEARLY

1.NAME: _____

2. Location accident occurred: _____

3. Date of Accident: _____ Time: _____ AM/PM

4. Describe accident fully: (What happened and why; identify unsafe conditions and/or practices).

5. List witnesses & phone numbers:

6. When and to whom was the accident reported? Reported within 24 hours of the accident? Yes () No () If no, why?

7. Was the accident caused by faulty equipment? Yes () No (). If yes preserve evidence.

Explain:

8. Describe injury (part of body/type of injury):

9. Describe first aid/medical treatment (when and by whom):

Signature:

Date:

Date Received in District Office:
