

GRANTS PASS SCHOOL DISTRICT NO.7
REPORT OF INCIDENT/ACCIDENT
PATRON

This form should be completed by the Patron and any applicable Administrator
and returned to the Safety Officer at the District office within 24 hours.

PLEASE PRINT CLEARLY

1. Patron Name: _____

2. Patron Address: _____

Phone/Email: _____

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

4. Accident Location: _____

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

6. What corrective action was taken, or is planned, to prevent similar accidents from occurring in the future?

7. List witnesses & phone numbers:

Name _____	Phone _____
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Name _____	Phone _____
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8. When was the accident reported? _____

To Whom? _____

Reported within 24 hours of the accident? Yes () No () If no, why?

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

Explain:

10. Was the accident caused by another person not employed by District 7? Yes () No ()

Name: _____ Phone: _____ Address: _____

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

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

Did Patron go to Emergency Room or Personal Physician? Yes () No ()

13. Is a previous injury or condition of the employee a contributing factor? Yes () No () If yes explain:

14. Is there a reason to question whether this a job related injury or illness? Yes () No () If yes explain:

Patron's signature: _____ Date: _____

Administrator's
Signature: _____ Date: _____

Safety Officer's
Signature: _____ Date: _____

Date received in District Office: _____