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: _____