

**RECOMMENDED
STANDARD STUDENT ACCIDENT REPORT**

(See instructions on reverse side)

(check one)
 School Jurisdictional
 Non-School Jurisdictional

(check one)
 Recordable
 Reportable Only

School District:
 City, State:

| | | | | | | |
|-----------------|---|---------------------------|--|--------|--|--|
| General | 1. Name | | 2. Address | | | |
| | 3. School | | 4. Sex Male <input type="checkbox"/> Female <input type="checkbox"/> | 5. Age | 6. Grade/Special Program | |
| | 7. Time Accident Occurred Date: | | Day of Week: | | Exact Time: AM <input type="checkbox"/> PM <input type="checkbox"/> | |
| Injury | 8. Nature of Injury | | | | | |
| | 9. Part of Body Injured | | | | | |
| | 10. Degree of Injury (check one) Death <input type="checkbox"/> Permanent <input type="checkbox"/> Temporary (lost time) <input type="checkbox"/> Non-Disabling (no lost time) <input type="checkbox"/> | | | | | |
| | 11. Days Lost From School: From Activities Other Than School: Total: | | | | | |
| | 12. Cause of Injury | | | | | |
| Accident | 13. Accident Jurisdiction (check one) School: Grounds <input type="checkbox"/> Building <input type="checkbox"/> To and From <input type="checkbox"/> Other Activities Not on School Property <input type="checkbox"/> Non-School: Home <input type="checkbox"/> Other <input type="checkbox"/> | | | | | |
| | 14. Location of Accident (be specific) | | 15. Activity of Person (be specific) | | | |
| | 16. Status of Activity | | 17. Supervision (if yes, give title & name of supervisor) Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| | 18. Agency Involved | | 19. Unsafe Act | | | |
| | 20. Unsafe Mechanical/Physical Condition | | 21. Unsafe Personal Factor | | | |
| | 22. Corrective Action Taken or Recommended | | | | | |
| | 23. Property Damage School \$ Non-School \$ Total \$ | | | | | |
| | 24. Description (Give a word picture of the accident, explaining who, what, when, why and how) | | | | | |
| | Signature | 25. Date of Report | | | 26. Report Prepared by (signature & title) | |
| | | 27. Principal's Signature | | | | |

This form is recommended for securing data for accident prevention and safety education. School districts may reproduce this form adding space for optional data. Reference: *Student Accident Reporting Guidebook*, National Safety Council, 425 N. Michigan Avenue, Chicago, Illinois 60611. 1966. 34 pages.