

Witness to Student Incident Report
(MUST be filled out & submitted within 24 hours of injury)

The purpose of this report is to prevent similar incidents from occurring. Remember, we are fact finding, not fault finding. Please make this report as accurate and thorough as possible.

Witness Name: _____ Time: _____ AM PM

Job Title/Occupation: _____ Work Phone: _____

Incident: Near Miss Minor Injury Minor Illness Major Injury Major Illness

Incident Date: _____ Time: _____ AM PM

Injured Student: _____

Incident Description

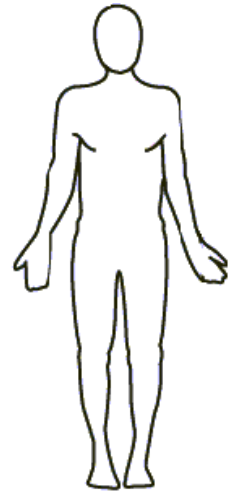
Location of incident (classroom, gym, bathroom, etc.)

Describe in detail how the incident occurred and what the student was doing when it occurred.

What unsafe act(s) or condition(s) contributed to the incident?

What body part(s) were affected?

What is at least one thing that can be done to prevent this type of incident from happening again?



Circle Affected
Body Part

Witness Signature: _____ Date: _____

**Please send a digital version of this completed form to the school nurse/health clinic:
amattox@easternhancock.org or ssmith@easternhancock.org**