

**PLAINFIELD PUBLIC SCHOOLS
INCIDENT/INJURY/OCCURRENCE INVESTIGATION REPORT**

Name of Injured: _____ DOB: _____ Male: _____ Female: _____

Check Appropriate Box: Student _____ Employee _____ Visitor _____ Volunteer _____

Parent/Guardian (if minor): _____ Telephone Number _____

Parent Address _____

Date of Injury: _____ Time of Injury: _____ Date/Time Injury Reported: _____

Facility: ECC SHE MES PMS PCS PHS Transportation
(Please Circle) Other: _____

Location of Incident:

Nature of Injury:

Witness (if any) _____ Supervisor of Area _____

Explain How Injury/Incident Occurred In Detail (Include Diagram & Photos if possible):

Part of Body Affected/Injured (Use diagram):

Treatment:
First Aid: _____

Concentra Evaluation: _____ Transported by: _____
Hospital (where): _____ Transported by: _____

Known Previous Injuries/Incidents (Any Source):

Individuals Present at Incident (Interview and attach their statements to this report):

Name: _____ Name: _____

Investigation Report of Accident Scene and Reason for Injury:

Steps Taken to Correct/ Remedy Problem:

Steps Taken to Prevent Reoccurrence:

Person Initiating Report (print): Name: _____ Title: _____

Signature: _____ Date: _____

This form must be completed by the school nurse in the event of an accident. The nurse retains the original and sends a photocopy to the building Principal, the Superintendent, and the Nurse Coordinator within 48 hours.