



ACCIDENT/INJURY/INCIDENT REPORT

Use of this form is required for all incidents involving personal injury, property damage or "near miss" (incidents which could have resulted in injury or damage). This is a CONFIDENTIAL REPORT for transmission to and use by Molalla River School District only.

1. **Name of person completing report:** _____

2. **INCIDENT** (check all that apply):

Student Staff Visitor Injury Illness Property Damage Near Miss Other

3. **INCIDENT INFORMATION:**

Date/Time of Incident: _____ Date/Time Reported: _____

Did incident occur on district property: Yes, office or school: _____

No, off site location: _____

Description of incident: _____

MRSD employees involved: _____

Names/contact information of witnesses: _____

4. **INJURED PARTY** (use a separate sheet for each injured person):

Name: _____ Date of Birth: _____

Address: _____ Phone: _____

City, State, Zip: _____ Male Female

5. **MEDICAL TREATMENT:** First-aid rendered: Name of responder: _____

Transported to Hospital: _____

Assessed by District RN (see back of form) Other: _____

6. **MEDICAL RESTRICTIONS:** None Temporary Disability Clinical documentation attached

Restrictions _____

Provider/Facility: _____ Contact: _____

7. **FINDINGS:** This incident was the result of Unsafe Act Unsafe Condition Neither

8. **ACTIONS TAKEN** (to prevent recurrences, if applicable): _____

9. **SIGNATURES:**

Preparer's Signature

Employee ID

Date

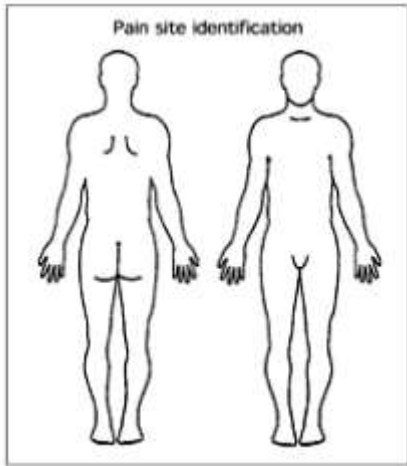
Administrator's Signature

Employee ID

Date

10. INJURY

Please indicate the location of injury:



Description of Injury: _____

11. Assessment *(physical symptoms leading to incident, if applicable, symptoms present upon assessing, procedures performed by staff to stabilize individual. Diagnosis leading to injury/illness/ incident, if applicable):*

Signature: _____ Date: _____