INCIDENT REPORT FORM – ACCIDENTS

Not to be used for Workers' Compensation, Volunteers or Students

TO BE COMPLETED IMMEDIATELY! THE SCHOOL EMPLOYEE WHO EITHER WITNESSES, OR DISCOVERS THE INCIDENT SHOULD COMPLETE THIS FORM. THE REPORT SHOULD IMMEDIATELY BE FORWARDED TO SUPERVISOR'S OFFICE FOR REPORTING TO SUPERINTENDENT AND NBSIA.	**CONFIDENTIAL REPORT** **THIS REPORT IS CONDIFENTIAL AND IS INTENDED TO BE SENT TO NBSIA'S CLAIMS ADMINISTRATOR AND DISTRICT'S LEGAL COUNSEL FOR USE IN RECOVERING LOSSES AND DEFENDING LITIGATION.**		
SCHOOL DISTRICT	SITE		
SITE ADDRESS	PHONE NO.		
INJURED'S NAME	AGE	VISITOR TYPE (PARENT/GUEST ETC.)	
INJURED'S ADDRESS	HOME PHONE		
WHERE DID ACCIDENT OCCUR?	DATE	TIME	
BRIEF DESCRIPTION OF INCIDENT:			
WHO WAS THE PERSON IN CHARGE AT THE TIME OF THE ACCIDENT?			
WAS HE/SHE PRESENTAT THAT TIME? ☐ YES ☐ NO			
BRIEF DESCRIPTION OF INJURY:			
First aid applied? ☐ YES ☐ NO	FIRST AID PROCEDURES USED AND BY WHOM:		
DISPOSITION OF INJURED AFTER ACCIDENT ☐ HOME ☐ DOCTOR ☐ HOSPITAL ☐ OTHER:			
WITNESSES PRESENT AT TIME (INDICATE IF ANY ARE EMPLOYEES)			
NAME:	PHONE #:		
ADDITIONAL COMMENTS:			
REPORT COMPLETED BY	DATE	APPROVED BY	DATE

DISTRIBUTION: (1 COPY TO EACH)

NBSIA
380A CHADBOURNE RD
FAIRFIELD, CA 94534

DISTRICT OFFICE

SITE

(Ed. 1/20)