

**Monongalia County Schools Incident Report**

**Claim Number** \_\_\_\_\_

Name: \_\_\_\_\_  Employee  Student  Visitor Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School / Grade: \_\_\_\_\_ Occupation / Title: \_\_\_\_\_ Time in Position: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Date of Accident: \_\_\_\_\_ Date of Report: \_\_\_\_\_ Time of Day: \_\_\_\_\_  AM  PM Day of Week: \_\_\_\_\_

**Location of Accident:**

- Classroom     Gymnasium     Playground     Restroom     Parking Lot     Athletic Field     Bleachers
- Cafeteria     Shop Class     Field trip     Locker Room     Stairs     Hallway     Outside Building
- Science / Lab     Auditorium     Office     Driver's Ed Car Other: \_\_\_\_\_

**Body Part Injured:**

- Head     Eye  L  R     Wrist  L  R     Shoulder  L  R     Upper Arm  L  R     lower Leg  L  R
- Face / Check     Ear  L  R     Elbow  L  R     Chest     Forearm     L  R     Upper Leg  L  R
- Nose     Mouth/Teeth     Hand  L  R     Finger/Thumb     Toe     Foot     L  R
- Neck     Tail Bone     Hip     L  R     Back     Ankle     L  R     Knee     L  R
- Abdomen     Ribs     Internal     Environmental     Other \_\_\_\_\_

Description of Incident \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description of Property, Equipment, or Vehicle Damaged or Involved: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Provide Names, Addresses, and Phone Numbers of any Non-employees Involved in this Incident: \_\_\_\_\_  
\_\_\_\_\_

Provide the Names, Addresses and Phone Numbers of any Witnesses to this Incident: \_\_\_\_\_  
\_\_\_\_\_

Indicate if any First Responders were Involved:     EMS     Police  Fire     Life Flight     School Nurse     Maintenance  
First Aid Provided:  Yes  No    The Injured Person:     Returned to Work /Class     Went for Treatment     Went Home

**Notifications:**  
 Parent Notified     Principal Notified     School Nurse Notified     Safety Committee Notified     Central Office

Name of Individual Completing this Report: \_\_\_\_\_  
 Administrative Accident Review Requested     Unsafe Conditions Identified and Work Order Processed WO# \_\_\_\_\_

**All Personnel Must Also Complete the Appropriate County Vehicle Accident Report When a Motor Vehicle was Involved.**  
**Copy Principal or Site Manager**  
**Copy Accounts Payable on all Incidents involving Students and Non-employees. AP forward to Safety Coordinator.**  
**Copy Payroll on all Worker Compensation Claims / Employee Incidents. Payroll forward to Safety Coordinator.**

Monongalia County Schools  
Accident Reporting Guidelines  
Effective August 15, 2016

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- An incident report should always be completed for any injury, or accident involving property damage.
- If injury is sustained that requires medical attention, the nurse on site shall be notified. If treatment is needed beyond that of the nurse on site, EMS should be called. No injured or ill employee, student, or visitor should be transported by a member of staff to a medical facility. When the injury is considered a non-emergency, the employee may choose to transport themselves or to call a family member to take them for medical attention. In incidents involving students or visitors, the site will notify the individual's emergency contact on file.
- The incident report shall be filled out completely, providing as much detail as possible.
- At a school site, the completed report shall be submitted to the school nurse and then forwarded as soon as possible to the site manager and to the appropriate person at Central Office. As soon as possible shall mean the same day as the incident in 95% of the cases. The only reason for delaying a report would include incidents occurring after 4:00 PM on a normal work day. In these cases the report should reach Central Office before noon on the next business day.
- The person completing this report shall sign the report and shall make sure that they notify the site manager or their designee.
- The site manager or their designee shall review the report for completeness and conduct an investigation as necessary. A request can be made at the bottom of the report to request the safety coordinator to conduct an independent review of the accident.
- When unsafe conditions are identified a work order should be processed to correct the issues and the number of the work order should be recorded.
- The site manager or their designee shall forward the completed report to the appropriate person at Central Office and assure that all other notifications are made.
- Upon receipt and processing by the appropriate Central Office staff, a copy of the incident report will be forwarded to the safety coordinator for review.
- All employees are reminded that any accident involving a motor vehicle shall also require that the vehicle accident report must also be completed. The driver of a county vehicle must also submit to a blood alcohol test.
- Following the reporting and investigation of an accident, the incident should be reviewed by the site safety committee. Discussion at this level should focus on the event and circumstances not the individual. **REMEMBER - that injuries involve personal medical information and an individual's status or condition, which any and / or all are protected personal information.**
- Cover this information with your staff. Make them aware of their responsibility to report all incidents. When you believe that the incident will go no further or that medical care will not be required, you should write "**For Report Only**" at the bottom of the page before submitting.

**\*\*RETURN THIS FORM TO THE FOLLOWING:  
EMPLOYEES - TREY VARNER  
STUDENTS - HOLLY HESS**