Incid	lant	44		
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DOLGEVILLE CENTRAL SCHOOL INCIDENT REPORT FORM

Nam	ie:								Sex:		Male	□ F	'emal	e Gr	ade:	Aş	ge:	
Scho	ol Buildii	ng Na	me: _													Code ()
Time	::		a.m.	p.m.				01	Befo	ore Sc	hool Ho	urs		Date:			\top	
			_	•				02	Dur	ing Sc	hool Ho	urs						
Day:	SU	M	Т	W	TH	F	S	03			ool Hour							
- 5	1	2	3	4	5	6	7	04			ot In Sess							
					Pl	ace C	of Inc	cident (Circl	e Firs	t Apj	plicable	e One	e)					
01	Phys. Ed	. Clas	S		10) Lil	orary	7		19 Automobile								
02	Organized Athletics 11 Restroom					om		20	Extra	acurricular Activity (non-sporting)								
03	Gymnasium 12 Classroom / Office						21	Other Off-Premises (field trip, class trip, etc.)										
04	Locker Room 13 Halls																	
05	Swimming Pool 14 Stairways							50	Other	ſ:								
06	Science Labs 15 Playground																	
07	Manual / Industrial Arts. 16 School Grounds						Grounds											
80	Home Ed	conon	nics		17	' Ca	feter	ria										
09	Auditori	um			18	Bu Bu	IS											
							0.4*						_					
01	Cl.:1.d	P: -1.			So	ource	110	njury (Circle										
01	Children		ting						13		emicals			/ F	. / 7	A7 .		
02	Horsepla									14 Elements - Snow / Ice / Freezing / Water								
03	Sharp Ol								15	, , , , , , , , , , , , , , , , , , , ,								
04	Falling /									16 Vandalism								
05	Gymnast									17 Structural Failure / Collapse								
06	Specializ				ıratus					18 Falls / Slips								
07	y 1 1						19	-	Unintentional Act									
80	· · · · · ·						20	_		ral Punishment tion Of Premises - Interior								
09	Bee Sting / Animal Bite						21											
10							22	-	Condition Of Premises - Exterior									
11								50										
12	2 Electricity						70 Unspecified											
					N	ature	of I	njury (Circl	e Firs	t Apr	olicable	e One	0					
01	Abrasion	1				1		Dislocated		P)11 0 11516		21	Overex	erted			
02	Amputat					1		ractured / B	roken				22	Poison				
03	Asphyxia							rozen		23 Punctured								
04	Bite					1		Hernia		24 Sprained / Strained								
05	Bruise					1		nfected		25 Shock / Trauma								
06	Bumped					1		rritated		25 Shock / Hauma								
07	Burn	•				1		Cut				\dashv	50	Other				
08								60 No Injury										
							ollen	llen			70	<u> </u>						

20 Lacerated

10 Crushed

Body Part Injured (Circle One)								
01 Abdomen	11 Groin	21 Shoulder						
02 Ankle	12 Hand	22 Teeth/Mouth/Jaw						
03 Arm	13 Heart	23 Toe						
04 Back	14 Hip	24 Wrist						
05 Chest	15 Knee	25 Multiple						
06 Ear	16 Leg							
07 Eye	17 Lung	50 Other						
08 Face	18 Neck	60 No Injury						
09 Finger	19 Pelvis							
10 Foot	20 Scalp							
Narrative Description Of Incident								
At the time of the incident: Name Of Supervisor In Charge: Was he/she present? Yes No								
Did incident result in loss of payment ((medical / liability)? Yes No							
First Aid Rendered By:	Time:							
Were Parents Notified: Yes	When:							
Remarks								
	Remarks							
	Remarks							
	Remarks							
	Remarks							
	Remarks							
	Remarks							
	Remarks							
Principal's Signature	Remarks							
Principal's Signature Nurse's Signature	Remarks							
<u> </u>	Remarks							