

**EAST CHINA SCHOOL DISTRICT  
NON-EMPLOYEE ACCIDENT/INCIDENT/INJURY REPORT**

8442 F1a

**INDIVIDUAL DATA**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

**ACCIDENT/INCIDENT/INJURY DATA**

Date of accident/injury: \_\_\_\_\_ Place of accident: \_\_\_\_\_

Describe injury

Describe how accident/injury occurred (be specific)

Witnesses to accident/injury: \_\_\_\_\_

Were you disabled?  Yes  No

Disposition immediately following accident/injury (check one):

Referred to:  Home?  Doctor?  Hospital?

If referred to doctor/hospital, provide information below:

Doctor/Hospital Name: \_\_\_\_\_ Address: \_\_\_\_\_

Signature of Individual: \_\_\_\_\_ Date of Report: \_\_\_\_\_

**PREVENTION DATA  
(to be completed by building administrator)**

What action has been or will be taken to prevent recurrence, and when?

Signature of Building/Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Revised: July 2012

Distribution: Original:

CC:

Business Office  
Building Administrator  
Individual

**EAST CHINA SCHOOL DISTRICT**  
**Non-Employee Accident/Injury Procedure**

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1. If a non-employee injury requires *emergency* medical treatment call 911 Tri-Hospital.
2. The individual must:
  - a. Complete an Accident/Injury report and turn it into the building administrator.
  - b. When the report is complete the building administrator will forward the original copy to the business office.
  - c. The business office will contact the individual to review and evaluate the situation.
  - d. All paperwork from the injured individual should be forwarded to the business office.

Revised: July 2012