

Buchanan Community Schools Health Incident Report

When and where did the injury occur?

Date _____ Time _____

Building: HS BMS Ottawa Moccasin Stark
Bus Other location:

Please describe exact location of occurrence:

Who was injured?

Student Staff Member Parent Other

Name _____ DOB _____

Address _____ Phone _____

If Student, Please list:

Teacher: _____ Grade: _____ Parent's Name: _____

What was the nature of the injury?

Body part injured: (i.e. Right arm, upper back, etc.) _____

Type of Injury: (cut, scrape, bruise, etc.) _____

Describe the occurrence: _____

Witnesses to the occurrence: _____

What action was taken at the scene? _____

If a student, was parent notified? Yes No

OSHA Considerations:

Was there a blood or body fluid exposure to staff? Yes No

Name of staff member: _____

Were gloves or other personal protective equipment used? Yes No

Was an exposure report completed? Yes No

Person completing form: Name _____ Date _____

Email to your building principal