

**BLAINE SCHOOL DISTRICT NO. 503**

765 H Street • Blaine, Washington 98230 • (360) 332-5881 • Fax: (360) 332-7568 • www.blainesd.org

Do **NOT** use this form to report employee (on the job) injuries. This form should be completed by an employee who witnessed or has firsthand knowledge of the incident. Complete this form at earliest opportunity and forward to the District Office. Supplemental detail may be sent later to avoid delay.

**District point of contact:** Tina Padilla • 360-332-0711 (x1711) • tpadilla@blainesd.org

**RISK MANAGEMENT INCIDENT REPORT – INJURIES** (not job related)

DATE OF INCIDENT:		TIME OF INCIDENT:	
LOCATION OF INCIDENT:			
NAME OF PERSON IN CHARGE AT TIME OF INCIDENT:			PHONE#:
WITNESS(ES):			
911 CALLED? <input type="checkbox"/> YES <input type="checkbox"/> NO	AGENCY CALLED TO SCENE (police, fire, etc)		POLICE REPORT#:

**INJURIES:** (complete separate form for each injured individual)

NAME OF INJURED:		<input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER:	
SCHOOL (where enrolled):	TEACHER/ADVISOR:	GRADE:	AGE: GENDER:
NAME OF PARENT/GUARDIAN (if applicable):			
MAILING ADDRESS:		PRIMARY PHONE:	
CITY/STATE/ZIP:		OTHER PHONE:	
BRIEFLY DESCRIBE WHAT HAPPENED:			
DESCRIBE INJURY (including part of body, type/extent of injury)			
WHAT ACTION WAS TAKEN AFTER INCIDENT:			
WAS MEDICAL ATTENTION PROVIDED AND, IF SO, BY WHOM?			
WAS PARENT/GUARDIAN NOTIFIED AND, IF SO, WHEN AND BY WHOM?			
NAME OF PERSON COMPLETING REPORT:		DATE COMPLETED:	
PRINCIPAL/SUPERVISOR SIGNATURE:		DATE REVIEWED:	
DATE REC'D IN DISTRICT OFFICE:		DATE SUPERINTENDENT REVIEWED:	
FORWARDED TO WSRMP? <input type="checkbox"/> NO <input type="checkbox"/> YES, sent via (fax/email)		DATE FORWARDED TO WSRMP:	