Incident Report

NON-STAFF Incident/Injury

CONFIDENTIAL

COVER SHEET CHECKOFF

- ☐ Instructions
- ☐ Injured Person Incident Report
- ☐ Medical Authorization
- ☐ School Level Incident Report
- ☐ Witness Statement Form
- ☐ # of Statements _____
- ☐ Names of Witnesses
- ☐ Photos of location showing cause/conditions

Instructions

When a non-staff injury / incident occurs an administrator or staff member should follow these steps:

- Determine if medical assistance is needed
- Determine if there is a need to call 911
- Provide the injured non-staff person with the forms to report an injury (pages 4 – 9)
- School Level Investigation – An Administrator or staff member must complete a school level investigation of the incident (pages 10 – 12). Be sure to collect as many witness statements as possible. Document the cause of the incident, obtain photos of the location of the incident and of the injuries if possible.
- School level investigation will be submitted by the end of the day of the incident. The Risk Manager shall be notified as soon as possible after the incident occurs. Email completed pages Robin Shoe and copy Rick Towell.

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Dear Non-Staff,

We are sorry that you have experienced an injury and are here to assist you through this process. This packet contains the Non-Staff Report of Accident/Injury form to be filled out and returned to the principal where the injury occurred.

Thank you,

Robin Shoe, Administrative Assistant for Operations: 704.630.6003
Risk Manager: 704.630.6086

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Instructions for School Personnel to File a Claim for a Non-Staff Injury

It is the non-staff person's responsibility to contact the Principal.

As soon as the injury occurs you must contact the Risk Manager, at 704.798.5674.

Give the non-staff person the injury packet. They should return this back to you.

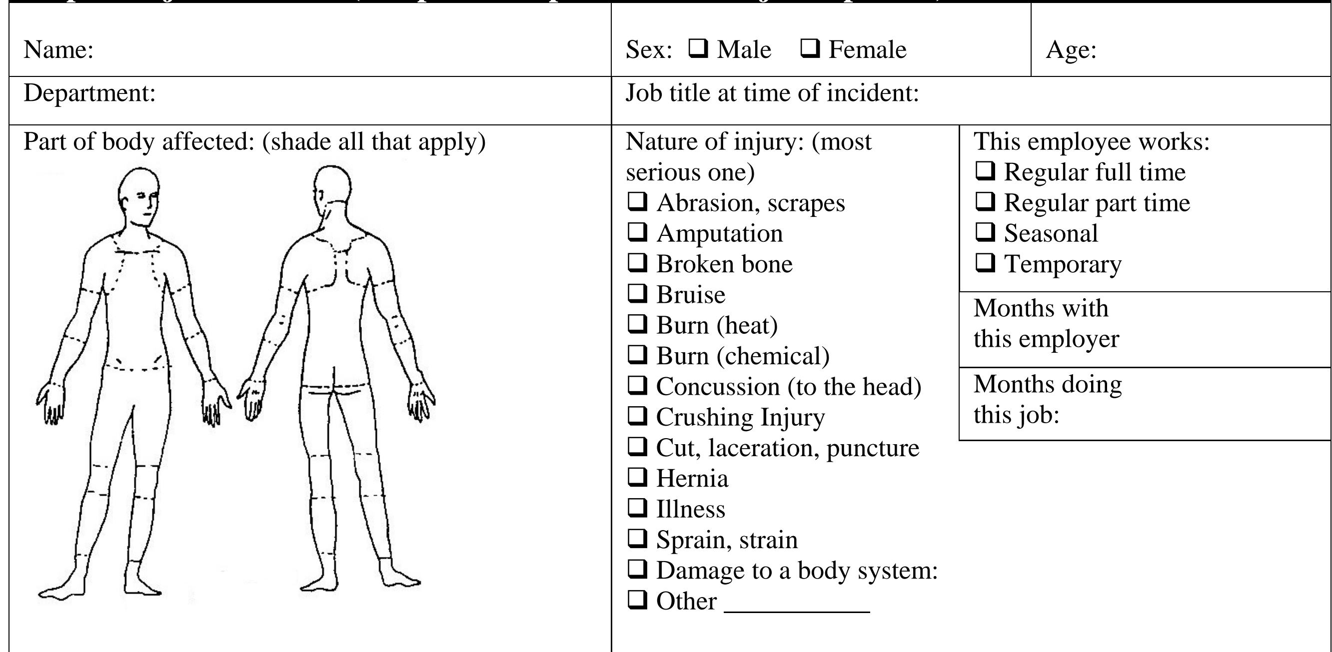
Fax to Robin Shoe @ 704.639.3135 if they want to file a claim.

Please do not contact the insurance company. Robin will complete the proper paperwork and they will be in contact with you.

Injured Person Incident Report

Instructions: Injured person - Complete and submit to Safety Department by end of the day of the incident. Include all witness statements, employee statement, photos and etc.

This is a report of a: ❑ Incident ❑ Injury ❑ First Aid Only ❑ Near Miss	
Date of incident:	This report is made by: ❑ Supervisor ❑ Admin Team ❑ Other_________

Step 1: Injured Person (complete this part for each injured person)		
Name:	Sex: ❑ Male ❑ Female	Age:
Department:	Job title at time of incident:	
Part of body affected: (shade all that apply) 	Nature of injury: (most serious one) ❑ Abrasion, scrapes ❑ Amputation ❑ Broken bone ❑ Bruise ❑ Burn (heat) ❑ Burn (chemical) ❑ Concussion (to the head) ❑ Crushing Injury ❑ Cut, laceration, puncture ❑ Hernia ❑ Illness ❑ Sprain, strain ❑ Damage to a body system: ❑ Other ____________	This employee works: ❑ Regular full time ❑ Regular part time ❑ Seasonal ❑ Temporary Months with this employer Months doing this job:

Step 2: Describe the incident	
Exact location of the incident:	Exact time:
Names of witnesses (if any):	

Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details. Description continued on attached sheets: ❑			

Step 3: Why did the incident happen?

Unsafe workplace conditions: (Check all that apply)

- Inadequate guard
- Unguarded hazard
- Tool or equipment defective
- Workstation layout is hazardous
- Unsafe lighting
- Lack of appropriate equipment/tools
- Unsafe clohting
- No training or insufficient training
- Other:________________________

Step 4: Who completed and reviewed this form? (Please Print)

Written by: Department:	Title: Date:
Names of investigation team members:	
Reviewed by:	Title: Date:
Risk Manager:	Reviewed Date:

Injured / Involved Person's Statement Continuation

Name: ____

STATEMENT

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The information I have provided in this report is true and correct to the best of my knowledge. I understand making false statements on this form is a criminal offense. If I am a RSS employee, I understand making a false statement will result in disciplinary action up to and including dismissal.

Date Signature

MEDICAL AUTHORIZATION

The undersigned person(s) hereby consents to, and by the Authorization or any photocopy hereof authorizes, the release of Synergy Coverage Solutions or any other agent or employee of Synergy Coverage solutions by any hospital, medical clinic, surgeon, physician, pharmacist or any other provider of medical services, treatment or supplies to

____
(Name of Patient, Claimant)

Of any and all medical report, histories, findings, prognosis, diagnosis, bills, information or other documents relating to any medical treatment, hospitalization, prescription drugs or other medical services or supplies, including but not limited to psychiatric treatment, or treatment for alcoholism or drug abuse, of such patient for the last 10 years. Please list all physicians/hospital for the past 10 years.

The undersigned person(s) understands and hereby acknowledges that the information above or certain portions thereof, may be protected from disclosure without the signed Authorization by Federal and State privacy and confidentiality laws.

The Authorization shall automatically expire without express revocation one year after signature date below.

And prior to such time shall be subject to revocation with respect to all or any particular records at any time by the undersigned person(s) in writing delivered to the holder of such records except to the extent that action has already been taken in reliance upon this Authorization.

Date: ____________________________

Claimant:____
(Print Name)

Claimant:____
(Signature)

Date:____________________________

Witness:____
(Print Name)

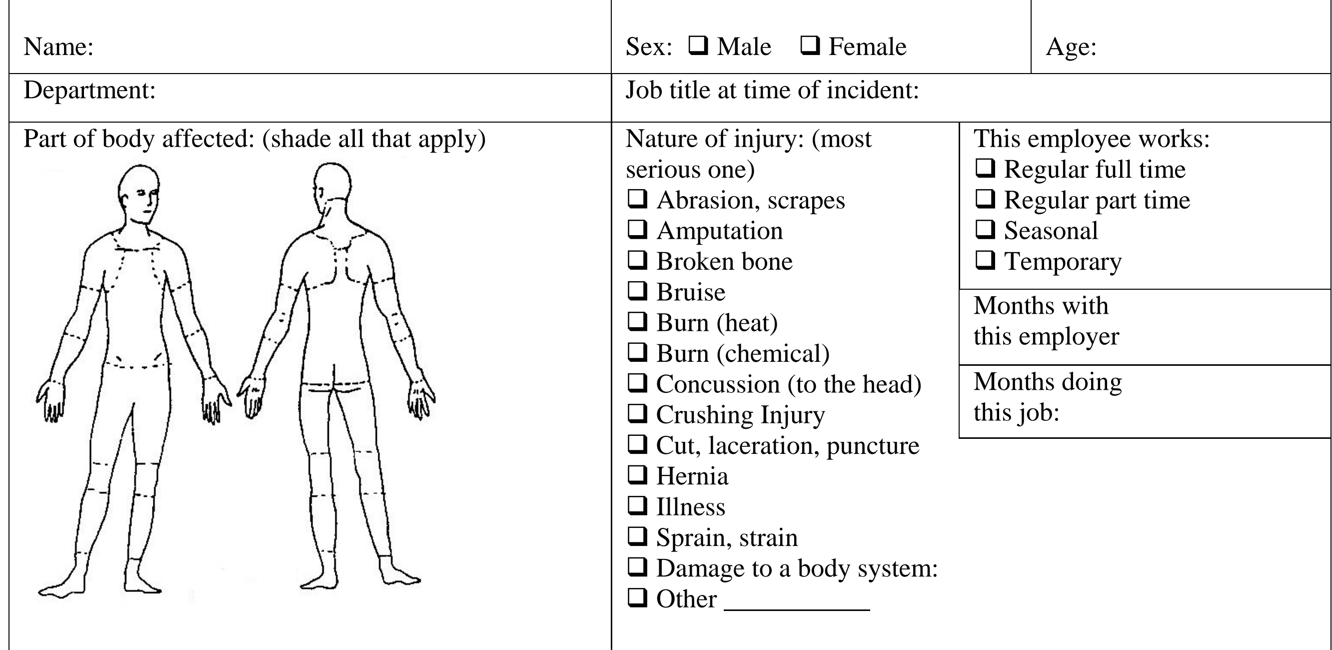
Witness:____
(Signature)

School Level Incident Report

Instructions: School employee - Complete and submit to Safety Department by end of the day of the incident. Include all witness statements, employee statement, photos and etc.

This is a report of a: ❑ Incident ❑ Injury ❑ First Aid Only ❑ Near Miss	
Date of incident:	This report is made by: ❑ Supervisor ❑ Admin Team ❑ Other_________

Step 1: Injured Person (complete this part for each injured person)

Name:	Sex: ❑ Male ❑ Female	Age:
Department:	Job title at time of incident:	
Part of body affected: (shade all that apply) 	Nature of injury: (most serious one) ❑ Abrasion, scrapes ❑ Amputation ❑ Broken bone ❑ Bruise ❑ Burn (heat) ❑ Burn (chemical) ❑ Concussion (to the head) ❑ Crushing Injury ❑ Cut, laceration, puncture ❑ Hernia ❑ Illness ❑ Sprain, strain ❑ Damage to a body system: ❑ Other ____________	This employee works: ❑ Regular full time ❑ Regular part time ❑ Seasonal ❑ Temporary Months with this employer Months doing this job:

Step 2: Describe the incident

Exact location of the incident:	Exact time:
Names of witnesses (if any):	

Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details. Description continued on attached sheets: ❑			

Step 3: Why did the incident happen?

Unsafe workplace conditions: (Check all that apply) Inadequate guard Unguarded hazard Tool or equipment defective Workstation layout is hazardous Unsafe lighting Lack of appropriate equipment/tools Unsafe clothing No training or insufficient training Other:_____________________________	

Step 4: Who completed and reviewed this form? (Please Print)

Written by: Department:	Title: Date:
Names of investigation team members:	
Reviewed by:	Title: Date:
Risk Manager:	Reviewed Date:

Witness Statement Form

Witness's Name: ______________________________ Date of Incident: __________________

____________________________________ ________________________ ________

Address City State

_________________________ __________________________ ________________________

Telephone Number Work Number Other Numbers

_________________________ __________________________ Age: __________________

Occupation Relationship

STATEMENT

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The information I have provided in this report is true and correct to the best of my knowledge. I understand making false statements on this form is a criminal offense. If I am a RSS employee, I understand making a false statement will result in disciplinary action up to and including dismissal.

Date_________________ Witness Signature____________________________________