

Dover Career and Technical Center
Official Incident Reporting Form for Career & Technical Education Programs

I. Incident Information

- A. Injured person's name _____
- B. Date and time of incident: _____/_____/_____ :_____ AM/PM
- C. Class name (if applicable): _____
- D. Gender of injured person Male Female
- E. Injured person was Student Staff Other (please specify) _____
- F. Did the incident occur on school property? Yes No If No, where did the injury occur _____
- G. Injured person sent to School Nurse Doctor Hospital
- H. Grade of injured person 9 10 11 12 Adult
- I. Age of injured person _____
- J. How long was student in class on the day of injury? _____

II. Type of Career & Technical Education (CTE) Program, Cooperative Education Experience or Other Learning Experience

- A. CTE Program (please mark one)
- Animal Science Automotive Collision Automotive Technology Biomedical Science Building Technology
- Business Computer Systems Networking Computer Programming Culinary Arts Cosmetology Electrical Technology
- Health Science Fire Science Pre-Engineering Marketing NJROTC
- B. Type of Cooperative Education Experience/Structured Learning Experience (please mark one)
- Apprenticeship Co-op Intern (paid) Intern (unpaid) Job Shadowing School-Based Volunteer Other (specify) _____
- C. Did incident involve a student with an Individualized Education Program (IEP)? Yes No

III. Description of Injury (please mark all that apply)

- A. **Body part** Abdomen Ankle Arm Back Buttocks Chest Collarbone Ear Elbow Eye Face Finger Foot
- Hand Head Knee Leg Lungs Mouth Neck Nose Ribs Scalp Stomach Teeth Throat Urinary/Genital Wrist
- Other _____

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B. **Nature** Abrasion Amputation Asphyxiation Bite Bruise/Bump Burn Concussion Cut/Laceration Dislocation Fracture
 Poisoning Puncture Splinter Scratch Shock Sprain Sting Other _____

C. **Cause** Caught in/under/between Contact with toxic substance Contact with electric current Contact with temp extremes Fall (elevation)
 Fall (same level) Horseplay Inhaled toxic substance Overexertion Repetitive motion Rubbed/abraded Struck against Struck by
 Other _____

D. **Degree of Injury at Time of Awareness** Non-disabling Temporary Disabling Permanent Disability Death

E. **Personal Protective Equipment:** Was personal protective equipment worn at the time of the incident? Yes No
What type of protective equipment was used? _____

V. Narrative: Briefly describe incident, including surrounding conditions, actions, tools and equipment involved

VI. Corrective action taken: Describe what measures have been taken to correct the conditions leading to the incident

VII. Report Completed by:

Name (printed): _____ Signature/date: _____

Signature of Injured Person: _____

Signature of CTE Director/Date: _____