

**Jordan School District**  
**An Accident / Incident Report Form**

1. Person completing the report: \_\_\_\_\_

2. Date of accident / incident: \_\_\_\_\_

3. Time of the accident / incident: \_\_\_\_\_

4. Location of the accident / incident:  
\_\_\_\_\_  
\_\_\_\_\_

5. Staff / student (s) involved in the accident / incident:

A. Staff (report attached)

B. Student (report attached)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Teacher description of the accident / incident:  
\_\_\_\_\_  
\_\_\_\_\_

7. Immediate action taken to deal with the emergency:  
\_\_\_\_\_  
\_\_\_\_\_

8. Corrective action taken to avoid a repeat of the accident / incident in the future:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of person completing report

\_\_\_\_\_  
Date report completed