

PINELLAS COUNTY SCHOOLS
SITE VISITOR INJURY REPORT

INSTRUCTION: This form is to be completed and signed by a school district staff member. The Site Administrator or Department Head should verify the information and sign below. Return completed form to the Risk Management & Insurance Department. Do not use this form for registered volunteers on site for volunteer duty – report instead through on-line employee injury system.

SITE INFORMATION

Name of school/department _____ Cost Center # _____
School/department contact person regarding this incident _____ Phone _____
When was the school/site made aware of this incident? Date _____ Time _____ am _____ pm

VISITOR INFORMATION

Visitor Name _____ Date of incident _____ Time _____ am _____ pm
Home Phone _____ Daytime phone _____
Address _____ City _____ State _____ Zip _____
Reason visitor on campus: parent site visitor vendor/contractor delivery service other _____

DESCRIPTION OF INCIDENT

How did the injury occur? What was the visitor doing at the time of the injury? Be specific. _____

Specify any objects or other person(s) involved. **Include photographs of the area where the incident occurred.** _____

LOCATION

athletic field auditorium bus circle cafeteria classroom # _____ corridor driveway exterior walkway
 gymnasium lockers playground pool restroom school bus stairs _____ shop vendor vehicle
 other _____

NATURE OF INJURY

abrasion bite bruise bump burn fracture laceration puncture scratches sprain/strain
 insect/sting swelling no apparent signs of injury other _____
 illness (explain) _____ hazardous substance exposure

PART OF BODY INJURED

Explain _____

MEDICAL TREATMENT GIVEN none first aid treated by EMS transported to _____

WITNESSES

Name _____ Address _____ Phone _____
Name _____ Address _____ Phone _____

Signature of Administrator

Date

Signature of person completing this form

Date

White - Risk Management and Insurance Dept. Yellow - School File