

VISITOR ACCIDENT REPORT FORM
Central Arizona Valley Institute of Technology

THE TEACHER OR STAFF AWARE OF THE INCIDENT SHOULD FILL OUT THIS FORM

Name(s): _____
 Address: _____ Phone: _____
 Date: _____ Time accident occurred: _____
 Sex: Male or Female (circle one) DOB: _____
 Room or area in which accident occurred: _____

Description of Accident: Please describe how the accident happened. What was the visitor doing? List any specific acts by individuals or conditions that led to the accident. (include any tools, machinery or instrument involved)

Nature of Injury			Part of Body Injured		
<input type="checkbox"/> Abrasion	<input type="checkbox"/> Cut	<input type="checkbox"/> Scratch	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Face	<input type="checkbox"/> Leg
<input type="checkbox"/> Amputation	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Shock	<input type="checkbox"/> Ankle	<input type="checkbox"/> Finger	<input type="checkbox"/> Mouth
<input type="checkbox"/> Asphyxiation	<input type="checkbox"/> Fracture	<input type="checkbox"/> Sprain	<input type="checkbox"/> Back	<input type="checkbox"/> Foot	<input type="checkbox"/> Nose
<input type="checkbox"/> Bite	<input type="checkbox"/> Laceration	<input type="checkbox"/> Splinter	<input type="checkbox"/> Chest	<input type="checkbox"/> Forearm	<input type="checkbox"/> Shoulder
<input type="checkbox"/> Bruise	<input type="checkbox"/> Poisoning	<input type="checkbox"/> Strain	<input type="checkbox"/> Ear	<input type="checkbox"/> Hand	<input type="checkbox"/> Teeth
<input type="checkbox"/> Burn	<input type="checkbox"/> Puncture		<input type="checkbox"/> Elbow	<input type="checkbox"/> Head	<input type="checkbox"/> Wrist
<input type="checkbox"/> Concussion	<input type="checkbox"/> Repetitive Stress Injury		<input type="checkbox"/> Eye	<input type="checkbox"/> Knee	
Other specify) _____			Other (specify) _____		
_____			_____		

Did accident occur during class time? Y or N If yes, provide class name: _____
 Was first aid administered? Y or N By whom? _____
 Was family notified? Y or N Name of family contacted: _____ Time: _____
 Did the family pick up visitor? Y or N
 Was 911 service called? Y or N Was the visitor transported by 911 emergency? Y or N

Teacher/Staff Signature: _____ **Date:** _____

Deliver completed form to CAVIT Superintendent no later than one hour after the incident.