

# Health Science Technology Education Unpaid Work-Based Learning Accident/Incident Report

School \_\_\_\_\_ Date \_\_\_\_\_

Student \_\_\_\_\_ ID# \_\_\_\_\_

Address \_\_\_\_\_ City, TX Zip \_\_\_\_\_

Place where accident/incident occurred \_\_\_\_\_

Date of incident \_\_\_\_\_ Time \_\_\_\_\_

Details of accident/incident

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Witnesses \_\_\_\_\_

Unpaid Work-Based Learning Supervisor \_\_\_\_\_

Parent Notification \_\_\_\_\_

Resulting Action

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Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_

Principal Signature \_\_\_\_\_ Date \_\_\_\_\_