Al Arabia for Education Development Al Ittihad Private School Dubai - Al Mamzar



الصربيـــــة لتطويــر التصليــــــم مدرسة الاتحاد الخاصة دبــي - الممزر

Incident-Accident Report

(For school's records only)

This form should be filled out by either the person(s) involved or by an adult witness.

Name:					Reporter
Position:	Teacher	Student	Faculty	Visitor	
Date/Time of I	ncident		Date/Time Rep	orting	
Location:					
•			ented within 24 hour nitted to the H&S co	•	Health & Safety
Witness Name	•				_
Position:	Teacher	Student	Faculty	Visitor	
			lude names of indivi	iduais involved, t	ne nature of the
			lude names of indivi	iduais involved, t	ne nature of the
	rief narrative of	what occurred)	ore space is need		ne nature of the
incident, and a b	rief narrative of	what occurred) See page 2 if m		ed)	
Action Taken:	rief narrative of	what occurred) See page 2 if m	ore space is neede	ed)	

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NOTE: Immediately following the incident, Please notify the Supervisor's Office by telephone. This Incident-Accident Report Forms \underline{MUST} be completed and submitted by email or in person within 24 hours of the incident.

Details continued:
Signed
Doto: