

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 Incident _____ Date/Time Reporting _____

Location: _____

(All reports of incident-accidents should be documented within 24 hours and reported to Health & Safety team within 2 business days, a copy should be submitted to the H&S coordinator).

Witness Name: _____ Reporter

Position: Teacher Student Faculty Visitor

Details of the incident-accident: (Please include names of individuals involved, the nature of the incident, and a brief narrative of what occurred)

(Use page 2 if more space is needed)

Action Taken: Informed parent Applied ice Sent to the ER Other:

Signature of person submitting form: _____

HOS's signature: _____

