



# INCIDENT REPORT

Please type or print in block letters. Attach an additional sheet if more space is required.

<b>1</b> <b>GENERAL</b>  This section MUST be completed in full	NAME OF INSTITUTION/FACILITY		LOCATION		PHONE NO. (     )																																																																		
	NAME OF INSTRUCTOR INVOLVED		DATE OF INCIDENT	TIME OF INCIDENT:	<table style="font-size: small;"> <tr> <td>YYYY</td><td>MM</td><td>DD</td> <td>:</td><td>:</td><td>:</td> </tr> <tr> <td></td><td></td><td></td> <td></td><td></td><td></td> </tr> </table> <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	YYYY	MM	DD	:	:	:																																																												
	YYYY	MM	DD	:	:	:																																																																	
DESCRIPTION OF HOW INCIDENT OCCURRED																																																																							
WITNESSES – <i>If more than 2 witnesses, attach an additional sheet.</i>			LOCATION OF INCIDENT:																																																																				
1. NAME OF WITNESS			<table style="font-size: x-small;"> <tr> <td>01</td><td><input type="checkbox"/></td><td>BASEMENT</td> <td>12</td><td><input type="checkbox"/></td><td>PLAYING FIELDS</td> </tr> <tr> <td>02</td><td><input type="checkbox"/></td><td>CAFETERIA/LUNCHROOM</td> <td>13</td><td><input type="checkbox"/></td><td>PLAYGROUND EQUIPMENT</td> </tr> <tr> <td>03</td><td><input type="checkbox"/></td><td>CLASSROOM</td> <td>14</td><td><input type="checkbox"/></td><td>POOL</td> </tr> <tr> <td>04</td><td><input type="checkbox"/></td><td>SHOPS/LABS/KITCHENS</td> <td>15</td><td><input type="checkbox"/></td><td>RINK</td> </tr> <tr> <td>05</td><td><input type="checkbox"/></td><td>DOORS/ENTRANCE AREAS</td> <td>16</td><td><input type="checkbox"/></td><td>SIDEWALKS/ROADS OFF FACILITY PROPERTY</td> </tr> <tr> <td>06</td><td><input type="checkbox"/></td><td>DORMITORIES</td> <td>17</td><td><input type="checkbox"/></td><td>STAIRS WITHIN BUILDING</td> </tr> <tr> <td>07</td><td><input type="checkbox"/></td><td>GYMNASIUM/AUDITORIUM</td> <td>18</td><td><input type="checkbox"/></td><td>STAIRS/SIDEWALKS WITHIN GROUNDS</td> </tr> <tr> <td>08</td><td><input type="checkbox"/></td><td>HALLWAY/LOCKERS</td> <td>19</td><td><input type="checkbox"/></td><td>WASHROOMS/CHANGING ROOMS/SHOWERS</td> </tr> <tr> <td>09</td><td><input type="checkbox"/></td><td>LIBRARY/OFFICE/ LOUNGE/STUDY ROOM</td> <td>20</td><td><input type="checkbox"/></td><td>OTHER – <i>Please explain:</i></td> </tr> <tr> <td>10</td><td><input type="checkbox"/></td><td>PARK/GROUNDS</td> <td></td><td></td><td></td> </tr> <tr> <td>11</td><td><input type="checkbox"/></td><td>PARKING LOT</td> <td></td><td></td><td></td> </tr> </table>			01	<input type="checkbox"/>	BASEMENT	12	<input type="checkbox"/>	PLAYING FIELDS	02	<input type="checkbox"/>	CAFETERIA/LUNCHROOM	13	<input type="checkbox"/>	PLAYGROUND EQUIPMENT	03	<input type="checkbox"/>	CLASSROOM	14	<input type="checkbox"/>	POOL	04	<input type="checkbox"/>	SHOPS/LABS/KITCHENS	15	<input type="checkbox"/>	RINK	05	<input type="checkbox"/>	DOORS/ENTRANCE AREAS	16	<input type="checkbox"/>	SIDEWALKS/ROADS OFF FACILITY PROPERTY	06	<input type="checkbox"/>	DORMITORIES	17	<input type="checkbox"/>	STAIRS WITHIN BUILDING	07	<input type="checkbox"/>	GYMNASIUM/AUDITORIUM	18	<input type="checkbox"/>	STAIRS/SIDEWALKS WITHIN GROUNDS	08	<input type="checkbox"/>	HALLWAY/LOCKERS	19	<input type="checkbox"/>	WASHROOMS/CHANGING ROOMS/SHOWERS	09	<input type="checkbox"/>	LIBRARY/OFFICE/ LOUNGE/STUDY ROOM	20	<input type="checkbox"/>	OTHER – <i>Please explain:</i>	10	<input type="checkbox"/>	PARK/GROUNDS				11	<input type="checkbox"/>	PARKING LOT			
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<input type="checkbox"/> THERE WERE NO WITNESSES TO THE INCIDENT																																																																							

<b>2 A</b>  Complete this section for Bodily Injury/ Other Party Damage	NAME OF PERSON INVOLVED IN INCIDENT		AGE	GENDER – <i>For statistical purposes only</i>	PROGRAM	NIGHT SCHOOL																																																																																																						
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		<input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																						
	HOME ADDRESS / CITY / PROVINCE					POSTAL CODE																																																																																																						
	STATUS																																																																																																											
	<input type="checkbox"/> STUDENT <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER – <i>Please explain:</i>																																																																																																											
	EMERGENCY CONTACT NAME			WAS THE CONTACT PERSON NOTIFIED?																																																																																																								
				<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please explain how:</i>																																																																																																								
	INSTRUCTIONS/COMMENTS OF EMERGENCY CONTACT																																																																																																											
	FIRST AID TREATMENT REQUIRED?		TYPE OF TREATMENT PROVIDED?		BY WHOM?		ADVISED TO SEEK MEDICAL TREATMENT?																																																																																																					
<input type="checkbox"/> YES <input type="checkbox"/> NO						<input type="checkbox"/> YES <input type="checkbox"/> NO																																																																																																						
WAS HOSPITAL CARE PROVIDED? <i>If YES, please identify type of care:</i>		TREATMENT? <i>(If known)</i>		HOW WAS THE PATIENT TRANSPORTED?		AMBUANCE <input type="checkbox"/> OTHER:																																																																																																						
<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> ADMITTED <input type="checkbox"/> EMERGENCY VISIT ONLY		<input type="checkbox"/> PRIVATE VEHICLE																																																																																																								
NATURE OF INJURY/DAMAGE – <i>Check one only</i>				BODY AREA INJURED – <i>Check one only</i>																																																																																																								
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*List names of others involved:																																																																																																												

<b>2 B</b>  Complete this section for Loss or Damage to Facility and/or Contents	PROPERTY INVOLVED – <i>Describe property involved. Attach additional sheet if more space is required.</i>					ESTIMATE OF LOSS/DAMAGE \$
	PROPERTY INVOLVED IS:					CAUSE OF LOSS/DAMAGE
	<input type="checkbox"/> OWNED <input type="checkbox"/> LEASED <input type="checkbox"/> PERSONAL					
	DID THE FIRE DEPARTMENT ATTEND?		REPORT NUMBER			
	<input type="checkbox"/> YES <input type="checkbox"/> NO					
WERE POLICE NOTIFIED?		NAME OF BRANCH/DETACHMENT				
<input type="checkbox"/> YES <input type="checkbox"/> NO						
WERE THERE VISIBLE SIGNS OF FORCED ENTRY?		CASE NUMBER				
<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If YES, please explain:</i>						

<b>3</b>	FULL NAME OF PERSON COMPLETING REPORT – <i>Please print</i>		TITLE	SIGNATURE	DATE SIGNED
					YYYY   MM   DD
	FULL NAME OF ADMINISTRATOR – <i>Please print</i>		SIGNATURE		DATE SIGNED
				YYYY   MM   DD	
OTHER INFORMATION/COMMENTS/UPDATE?					