UNIVERSITY, COLLEGE AND INSTITUTE PROTECTION PROGRAM
RISK MANAGEMENT
P.O. Box 3586
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# INCIDENT REPORT

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

## 1 GENERAL

This section MUST be completed in full

NAME OF INSTITUTION/FACILITY | LOCATION | PHONE NO. ( )

NAME OF INSTRUCTOR INVOLVED | DATE OF INCIDENT YYYY MM DD | TIME OF INCIDENT: : ☐ a.m. ☐ p.m

DESCRIPTION OF HOW INCIDENT OCCURRED

WITNESSES – *If more than 2 witnesses, attach an additional sheet.*

1. NAME OF WITNESS

ACTIVITY OF WITNESS AT TIME OF INCIDENT

2. NAME OF WITNESS

ACTIVITY OF WITNESS AT TIME OF INCIDENT

☐ THERE WERE NO WITNESSES TO THE INCIDENT

LOCATION OF INCIDENT:

| | | | |
|---|---|---|---|
| 01 ☐ | BASEMENT | 12 ☐ | PLAYING FIELDS |
| 02 ☐ | CAFETERIA/LUNCHROOM | 13 ☐ | PLAYGROUND EQUIPMENT |
| 03 ☐ | CLASSROOM | 14 ☐ | POOL |
| 04 ☐ | SHOPS/LABS/KITCHENS | 15 ☐ | RINK |
| 05 ☐ | DOORS/ENTRANCE AREAS | 16 ☐ | SIDEWALKS/ROADS OFF FACILITY PROPERTY |
| 06 ☐ | DORMITORIES | 17 ☐ | STAIRS WITHIN BUILDING |
| 07 ☐ | GYMNASIUM/AUDITORIUM | 18 ☐ | STAIRS/SIDEWALKS WITHIN GROUNDS |
| 08 ☐ | HALLWAY/LOCKERS | 19 ☐ | WASHROOMS/CHANGING ROOMS/SHOWERS |
| 09 ☐ | LIBRARY/OFFICE/ LOUNGE/STUDY ROOM | 20 ☐ | OTHER – *Please explain:* |
| 10 ☐ | PARK/GROUNDS | | |
| 11 ☐ | PARKING LOT | | |

## 2 A

Complete this section for Bodily Injury/ Other Party Damage

NAME OF PERSON INVOLVED IN INCIDENT | AGE | GENDER – For statistical purposes only ☐ MALE ☐ FEMALE | PROGRAM | NIGHT SCHOOL ☐ YES ☐ NO

HOME ADDRESS / CITY / PROVINCE | POSTAL CODE

STATUS ☐ STUDENT ☐ VISITOR ☐ OTHER – *Please explain:*

EMERGENCY CONTACT NAME | WAS THE CONTACT PERSON NOTIFIED? ☐ YES ☐ NO *If YES, please explain how:*

INSTRUCTIONS/COMMENTS OF EMERGENCY CONTACT

FIRST AID TREATMENT REQUIRED? ☐ YES ☐ NO | TYPE OF TREATMENT PROVIDED? | BY WHOM? | ADVISED TO SEEK MEDICAL TREATMENT? ☐ YES ☐ NO

WAS HOSPITAL CARE PROVIDED? ☐ YES ☐ NO *If YES, please identify type of care:* ☐ ADMITTED ☐ EMERGENCY VISIT ONLY | TREATMENT? *(If known)* | HOW WAS THE PATIENT TRANSPORTED? ☐ AMBULANCE ☐ OTHER: ☐ PRIVATE VEHICLE

NATURE OF INJURY/DAMAGE – *Check one only*

| | | | |
|---|---|---|---|
| 01 ☐ | BRUISE/ABRASION/SWELLING | 11 ☐ | NOSEBLEED |
| 02 ☐ | BURN | 12 ☐ | OPEN WOUND/LACERATION |
| 03 ☐ | CONCUSSION(SUSPECTED) | 13 ☐ | SPRAIN/STRAIN (SUSPECTED) |
| 04 ☐ | CRUSHED | 14 ☐ | WINDED |
| 05 ☐ | DENTAL DAMAGE | 15 ☐ | PROPERTY DMG./OTHER PARTY |
| 06 ☐ | DISLOCATION | 16 ☐ | OTHER – *Please explain:* |
| 08 ☐ | FRACTURE | | |
| 09 ☐ | IMBEDDED OBJECT | | |
| 10 ☐ | NO INFORMATION | 07 ☐ | FATALITY/DEATH |

BODY AREA INJURED – *Check one only*

| | | | |
|---|---|---|---|
| 01 ☐ | ARMS/SHOULDER/ELBOW | 09 ☐ | MULTIPLE AREAS |
| 02 ☐ | CHEST/ABDOMEN/PELVIS | 10 ☐ | NECK |
| 03 ☐ | EYES | 11 ☐ | NO INFORMATION |
| 04 ☐ | FACE | 12 ☐ | SPINE/BACK |
| 05 ☐ | FEET/TOES | 13 ☐ | TEETH/MOUTH |
| 06 ☐ | FINGERS/HANDS/WRISTS | 14 ☐ | OTHER – *Please explain:* |
| 07 ☐ | HEAD/FOREHEAD | | |
| 08 ☐ | LEGS/KNEES/ANKLES | | |

CAUSE OF INJURY OR DAMAGE – *Check one only*

| | | | |
|---|---|---|---|
| *01 ☐ | ASSAULT-NO WEAPON (INTENTIONAL) | 11 ☐ | MAINTENANCE ACTIVITY |
| *02 ☐ | ASSAULT-WITH WEAPON (INTENTIONAL) | 12 ☐ | MOTOR VEHICLE ACCIDENT |
| 03 ☐ | CHOKING/SUFFOCATION | 13 ☐ | POISONING/ALLERGIC REACTION/INSECT BITE |
| 04 ☐ | DROWNING | 14 ☐ | BUS ACCIDENT |
| 05 ☐ | EXPOSURE TO FLAME/ELECTRICITY/ HOT OR CAUSTIC SUBSTANCE | 15 ☐ | SPORTS INJURY |
| | | 16 ☐ | STRUCK AGAINST PERSON |
| 06 ☐ | FALL AT SAME HEIGHT | 17 ☐ | STRUCK/CRUSHED BY/ AGAINST OBJECT |
| 07 ☐ | FALL FROM DIFFERENT HEIGHT | 18 ☐ | OTHER – *Please explain:* |
| 08 ☐ | FATIGUE/OVER EXERTION | | |
| 09 ☐ | FOREIGN BODY | | |
| *10 ☐ | HORSEPLAY (NO INTENT TO INJURE) | *19 ☐ | SEXUAL ASSAULT (ALLEGATIONS INCLUDED) |

*List names of others involved:

ACTIVITY AT TIME OF INCIDENT – *Check one only*

| | | | |
|---|---|---|---|
| 01 ☐ | CLASSROOM | 08 ☐ | TRAVEL TO OR FROM FACILITY |
| 02 ☐ | BETWEEN CLASSES | 09 ☐ | UNORGANIZED SPORTS |
| 03 ☐ | EXTRA-CURRICULAR (i.e. CLUB) | 10 ☐ | WORK PLACEMENT |
| 04 ☐ | OUT-OF-CLASS FIELD TRIP | 11 ☐ | MAINTENANCE ACTIVITY |
| 05 ☐ | PRE-OR POST CLASS | 12 ☐ | OTHER – *Please explain:* |
| 06 ☐ | SPORTS EVENT | | |
| 07 ☐ | SPORTS RELATED CLASS | | |

## 2 B

Complete this section for Loss or Damage to Facility and/or Contents

PROPERTY INVOLVED – *Describe property Involved. Attach addtional sheet if more space is required.* | ESTIMATE OF LOSS/DAMAGE $

PROPERTY INVOLVED IS: ☐ OWNED ☐ LEASED ☐ PERSONAL

DID THE FIRE DEPARTMENT ATTEND? ☐ YES ☐ NO | REPORT NUMBER

WERE POLICE NOTIFIED? ☐ YES ☐ NO | NAME OF BRANCH/DETACHMENT | CASE NUMBER

WERE THERE VISIBLE SIGNS OF FORCED ENTRY? ☐ YES ☐ NO *If YES, please explain:*

CAUSE OF LOSS/DAMAGE

| | | | |
|---|---|---|---|
| 01 ☐ | BURGLARY/FORCIBLE ENTRY | 10 ☐ | ROBBERY |
| 02 ☐ | COLLAPSE | 11 ☐ | SMOKE |
| 03 ☐ | DISHONESTY/INFIDELITY | 12 ☐ | THEFT |
| 04 ☐ | EXPLOSION | 13 ☐ | TRANSPORTATION |
| 05 ☐ | FALLING OBJECT | 14 ☐ | VANDALISM/ MALICIOUS ACTS |
| 06 ☐ | FIRE/LIGHTNING | 15 ☐ | WATER/ESCAPE RUPTURE/FREEZING |
| 07 ☐ | GLASS BREAKAGE | 16 ☐ | WINDSTORM/HAIL |
| 08 ☐ | IMPACT BY VEHICLE/ AIRCRAFT | 17 ☐ | OTHER – *Please Explain:* |
| 09 ☐ | RIOT | | |

## 3

FULL NAME OF PERSON COMPLETING REPORT – *Please print* | TITLE | SIGNATURE | DATE SIGNED YYYY MM DD

FULL NAME OF ADMINISTRATOR – *Please print* | SIGNATURE | DATE SIGNED YYYY MM DD

OTHER INFORMATION/COMMENTS/UPDATE?