

ACCIDENT OR INCIDENT REPORT

Once completed, submit to your immediate supervisor

STUDENT (Name): _____ Class: _____

STAFF (Name): _____

VISITOR (Name): _____

Date of the accident or incident (DD/MM/YY): _____ Time: _____

Place of the accident or incident: _____

Activity at the time of the accident: _____

Description and cause of the accident or incident:

Injury or discomfort:

First aid provided - transportation:

Remedial action:

Name of the **first-aid staff** member:

Title: _____

Signature: _____

Date: _____

Name of **person being cared for**:

Title: _____

Signature: _____

Date: _____

Name of employee's immediate **supervisor**:

Title: _____

Signature: _____

Date: _____