



Employee/Non-Student Incident Report Form

Administrative Procedure 8.12A

8.0 Safe Schools

All accidents/injuries must be reported to your Principal/Supervisor. They will ensure that the incident is reported online.

School Division:			
Location:			
Phone Number			
Please select the type of incident to report:		<input type="checkbox"/> Non-Student Accident Incident Report <input type="checkbox"/> Employee Accident Incident Report	
First Name of Injured Person			
Last Name of Injured Person			
Date of Birth of Injured Person (mm-dd-yyyy)			
Street Address			
City		Province	
Postal Code			
Injured Person's Phone Number			
Date of Accident (mm-dd-yyyy)			
Time of Accident (hr:min am/pm)			
Where did the accident occur?		<input type="checkbox"/> Industrial Arts Class <input type="checkbox"/> Home Economics Class <input type="checkbox"/> Classroom <input type="checkbox"/> Laboratory <input type="checkbox"/> Playground <input type="checkbox"/> Field Trip <input type="checkbox"/> Bus <input type="checkbox"/> Physical Education – Outside <input type="checkbox"/> Physical Education – Inside <input type="checkbox"/> Other: _____	
Describe in detail how the accident occurred			

Guidelines on classification of accident/injuries	<input type="checkbox"/> "MINOR" - Scratch, Bruise, Scrape, Minor Cut, Minor Sprain, etc. <input type="checkbox"/> "MODERATE" - Serious Cut, More Severe Sprain, Broken Finger, etc. <input type="checkbox"/> "SEVERE" – injury to Eye, Face, Back, Broken Arm/Leg, etc.	
Nature of Injury	<input type="checkbox"/> Cut <input type="checkbox"/> Break <input type="checkbox"/> Crush <input type="checkbox"/> Poke <input type="checkbox"/> Burn	<input type="checkbox"/> Hit <input type="checkbox"/> Fall <input type="checkbox"/> Concussion <input type="checkbox"/> Amputation <input type="checkbox"/> Other _____
Type of Injury	<input type="checkbox"/> Arm <input type="checkbox"/> Leg <input type="checkbox"/> Head/Face <input type="checkbox"/> Chest <input type="checkbox"/> Hip <input type="checkbox"/> Upper Back	<input type="checkbox"/> Lower Back <input type="checkbox"/> Hand <input type="checkbox"/> Foot <input type="checkbox"/> Finger <input type="checkbox"/> Toe <input type="checkbox"/> Other _____
Where on the body	<input type="checkbox"/> Left <input type="checkbox"/> Right <input type="checkbox"/> Not applicable	
Any additional comments (details from hospital, dental, e-ray information, etc.)		
Was the injury treated?	<input type="checkbox"/> Yes, by whom: _____ Type of treatment: _____ <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Other _____	
Name of Witness(es)		
Additional Comments:		
Name of School Principal or Supervisor:		
Submitted by:		
Date of Submission: (mm-dd-yyyy)		
<p><i>Submit this form to your principal/supervisor within 24 hours of accident/incident. Please be aware that this form is considered an asset to the reporting that is required for liability purposes, all accidents/incidents are to be reported. Principals/supervisors may submit reports without the permission of the injured party.</i></p>		