

INCIDENT REPORT FORM

Today's Date: _____ Date of Incident _____ Time _____

Workers Compensation Claims or Safety Concerns are reported on a different form. The Incident Report Form should be used to document the following types of incidents:

Type of Incident: ☐ Personal Injury ☐ Property Damage ☐ Chemical Spill
☐ Fire ☐ Other _____

INCIDENT REPORT DETAILS

Location

Description of Incident

Include what occurred, what you observed, information about injury, care received, description of property damage.

Description of Response/Treatment

Include first responders and their actions.

Cause of Incident

If known.

PEOPLE INVOLVED

Name (Include student names)	Phone/Email	Involvement (Witness, Participant)

Submitted By

Name: _____ Date: _____
Email: _____ Phone: _____