

MAJOR INCIDENT REPORT
(To be filled out by Management & Safety Committee)

School:	Address:	Date of Report:			
Exact Location of Incident:		Date of Occurrence:		Time of Occurrence:	
Report Prepared by:		Title:		Phone Number:	
Injured (name):		Employment Status: Full-Time		Hours worked: Week	
Birth date:		Date Hired: District	Start Date: School		
Nature of Injury:					
Body Part:		Source of Injury:			
Job Classification:		Activity at Time of Incident:			
Name of Doctor:		Doctor's Address and/or Phone Number:			
Property Damage/Identification:		Other Incident/Damage (Identification):			
Model/Serial Number:					
Damage Results:					
Name of Supervisor With the Most Control of Job Task:		Title:		Phone Number:	
Type of Incident:					
Describe How Incident Occurred: <i>Activity, Authority, Job Procedure, Post-Contact Actions.</i>					
Sketch Attached:					
PROTECTIVE EQUIPMENT USE:					
	Function	Required	Available	Used	Needed
Head Protection:					
Eye Protection:					
Respiratory Protection:					
Ear Protection:					
Body Restraint:					
Foot Protection:					
Gloves:					
Fire/Heat Protection:					
Other:					
Other:					
Remarks:					

ACTION PLAN

Loss Severity Potential:

Probability of Recurrence:

What Has or Should be Done to Prevent Similar Loss:

Signature of Investigator:

Committee Member's Name:

Committee Member's Signature:

Date:

Reviewed by:

Title:

Date: