



SCHOOLS PROTECTION PROGRAM
RISK MANAGEMENT
 P.O. Box 3585
 Victoria, British Columbia
 V8W 3W5

Phone No.: (250) 387-0525
 Fax No.: (250) 953-3050

INCIDENT REPORT

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

1		NAME OF SCHOOL		S.D. NUMBER	FACILITY CODE	SCHOOL PHONE NO.	
NAME OF SUPERVISOR/TEACHER/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				LOCATION OF INCIDENT:			
ACTIVITY OF WITNESS AT TIME OF INCIDENT				01 BASEMENT		12 PLAYING FIELDS	
2. NAME OF WITNESS				02 CAFETERIA/LUNCHROOM		13 PLAYGROUND EQUIPMENT	
ACTIVITY OF WITNESS AT TIME OF INCIDENT				03 CLASSROOM		14 POOL	
				04 SHOPS/LABS/KITCHENS		15 RINK	
				05 DOORS/ENTRANCE AREAS		16 SIDEWALKS/ROADS OFF	
				06 DORMITORIES		17 FACILITY PROPERTY	
				07 GYMNASIUM/AUDITORIUM		18 STAIRS WITHIN BUILDING	
				08 HALLWAY/LOCKERS		19 WASHROOMS/CHANGING ROOMS/SHOWERS	
				09 LIBRARY/OFFICE/ LOUNGE/STUDY ROOM		20 OTHER - Please explain:	
				10 PARKING/ROUNDS			
				11 PARKING LOT			

2A	NAME OF PERSON INVOLVED IN INCIDENT	AGE	GENDER - For statistical purposes only <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	GRADE	NIGHT SCHOOL <input type="checkbox"/> YES <input type="checkbox"/> NO
Complete this section for Bodily Injury/Other Party Damage	HOME ADDRESS / CITY / PROVINCE	POSTAL CODE			
	STATUS <input type="checkbox"/> STUDENT <input type="checkbox"/> VISITOR <input type="checkbox"/> OTHER - Please explain:				
	PARENT/GUARDIAN/EMERGENCY CONTACT NAME	WAS THE CONTACT PERSON NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain how:			
	INSTRUCTIONS/COMMENTS OF PARENT/GUARDIAN/EMERGENCY CONTACT				

FIRST AID TREATMENT REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF TREATMENT PROVIDED?	BY WHOM?	ADVISED TO SEEK MEDICAL TREATMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO
WAS HOSPITAL CARE PROVIDED? <input type="checkbox"/> YES <input type="checkbox"/> NO	If YES, please identify type of care: <input type="checkbox"/> ADMITTED <input type="checkbox"/> EMERGENCY VISIT ONLY	TREATMENT? (if known) <input type="checkbox"/> PATIENT TRANSPORTED? <input type="checkbox"/> PRIVATE VEHICLE	OTHER: <input type="checkbox"/>
NATURE OF INJURY/DAMAGE - Check one only		BODY AREA INJURED - Check one only	
01 BRUISE/ABRASION/SWELLING	11 NOSEBLEED	01 ARMS/SHOULDER/ELBOW	09 MULTIPLE AREAS
02 BURN	12 OPEN WOUND/LACERATION	02 CHEST/ABDOMEN/PELVIS	10 NECK
03 CONCUSSION(SUSPECTED)	13 SPRAIN/STRAIN (SUSPECTED)	03 EYES	11 NO INFORMATION
04 CRUSHED	14 WUNDED	04 FACE	12 SPINE/BACK
05 DENTAL DAMAGE	15 PROPERTY DMG./OTHER PARTY	05 FEET/TOES	13 TEETH/MOUTH
06 DISLOCATION	16 OTHER - Please explain:	06 FINGERS/HANDS/WRISTS	14 OTHER - Please explain:
07 FRACTURE		07 HEAD/FOREHEAD	
08 IMBEDDED OBJECT		08 LEGS/KNEES/ANKLES	
09 NO INFORMATION	07 <input type="checkbox"/> FATALITY/DEATH		

CAUSE OF INJURY OR DAMAGE - Check one only		ACTIVITY AT TIME OF INCIDENT - Check one only	
*01 ASSAULT-NO WEAPON (INTENTIONAL)	11 MAINTENANCE ACTIVITY	01 CLASSROOM	08 TRAVEL TO OR FROM FACILITY
*02 ASSAULT WITH WEAPON (INTENTIONAL)	12 MOTOR VEHICLE ACCIDENT	02 BETWEEN CLASSES	09 UNORGANIZED SPORTS
03 CHOKING/SUFFOCATION	13 POISONING/ALLERGIC REACTION/INSECT BITE	03 EXTRA-CURRICULAR (i.e. CLUB)	10 WORK PLACEMENT
04 DROWNING	14 SCHOOL BUS ACCIDENT	04 OUT-OF-CLASS	11 MAINTENANCE ACTIVITY
05 EXPOSURE TO FLAME/ELECTRICITY/ HOT OR CAUSTIC SUBSTANCE	15 SPORTS INJURY	05 FIELD TRIP	12 OTHER - Please explain:
06 FALL OR SAME HEIGHT	16 STRUCK AGAINST PERSON	06 REGRESS/PRE-OR POST CLASS/NOON HOUR	
07 FALL FROM DIFFERENT HEIGHT	17 STRUCK/CRUSHED BY/ AGAINST OBJECT	07 SPORTS EVENT	
08 FATIGUE/OVER EXERTION	18 OTHER - Please explain:	08 SPORTS RELATED CLASS	
09 FOREIGN BODY	*19 <input type="checkbox"/> SEXUAL ASSAULT (ALLEGATIONS INCLUDED)		
*10 HORSEPLAY (NO INTENT TO INJURE)			

2B	PROPERTY INVOLVED - Describe property involved. Attach additional sheet if more space is required.	ESTIMATE OF LOSS/DAMAGE \$
Complete this section for Loss or Damage to Facility and/or Contents	PROPERTY INVOLVED IS: <input type="checkbox"/> OWNED <input type="checkbox"/> LEASED <input type="checkbox"/> PERSONAL	
	DID THE FIRE DEPARTMENT ATTEND? <input type="checkbox"/> YES <input type="checkbox"/> NO	REPORT NUMBER
	WERE POLICE NOTIFIED? <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF BRANCH/DETACHMENT CASE NUMBER
	WERE THERE VISIBLE SIGNS OF FORCED ENTRY? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please explain:	
3	FULL NAME OF PERSON COMPLETING REPORT - Please print	TITLE
	FULL NAME OF ADMINISTRATOR - Please print	SIGNATURE
	OTHER INFORMATION/COMMENTS/UPDATE?	
	DATE SIGNED	DATE SIGNED
	YYYY MM DD	YYYY MM DD