

SCHOOLS PROTECTION PROGRAM Phone No.: (250) 387-0525
RISK MANAGEMENT Fax No.: (250) 953-3050
P.O. Box 358-5

INCIDENT REPORT

Victoria, British Columbia V8W 3W5		Please type or print in block letters. Attach an additional sheet	ers. Attach a	n additic	nal shee
NAME OF SCHOOL			S.D. NUMBER FACILITY CODE	FACILITY	CODE
NAME OF SUPERVISOR/TEACHER/INSTRUCTOR INVOLVED	NINSTRUCTOR INVOLVED	DATE OF YYYY	- MM	00	TIME OF INCIDENT:
DESCRIPTION OF HOW INCIDENT OCCURRED	OCCURRED	,			

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HMATI	OF ADN	OF PER	NO	YES NO	WERE POLICE NOTIFIED?	⊸ NO EPA		PROPERTY INVOLVED		INVOLVED	of others	NJURE)	FOREIGN BODY	TIGUE/O	T OR CA	EXPOSURE TO	CHOKING/S DROWNING	SAULT-N	JURYO	NO INFORMATION	FRACTURE	DISLOCATION	CRUSHED	NCUSSIC 3N	NJURY/ JISE/ABF	No	WAS HOSPITAL CARE	YES NO			INSTRUCTIONS/COMMENTS	2	BIAN/E		SS/CITY/	ERSON IN	1 111	~ 1	WITNESS	WITNESS	OF WITNESS	S - If n			OF HO	ERVISO	Ď	W 3W5
ON/CON	ADMINISTRATOR	SON CC				DID THE FIRE DEPARTMENT		11		1	ers involve		ODY	FALL FROM DIFFERENT N	DR CAUSTIC SUBS AT SAME HEIGHT	EXPOSURE TO FLAME/ELECTRICITY/	CHOKING/SUFFOCATION DROWNING	TH WEA	CAUSE OF INJURY OR DAMAGE	ATION	овлест	N G	0	BURN CONCUSSION(SUSPECTED)	OF INJURY/DAMAGE		PROVIDED?				MENTS	1	STUDENT VISITOR PARENT/GUARDIAN/EMERGENCY		Y / PRC	INVOLVED	IIW ON	3	≱		Ą	ore			HOW INCIDENT	R/TEAC		i i
MENTS	ATOR -	PERSON COMPLETING	If YES, pl		NAME C	ATTEND?	LEASED			Describe p	olved:	TENT TO		FALL FROM DIFFERENT HEIGHT FATIGUE/OVER EXERTION	HOT OR CAUSTIC SUBSTANCE	2	NON	ASSAULT-NO WEAPON (INTENTIONAL) ASSAULT-WITH WEAPON (INTENTIONAL)				-		ECTED)	Ę		DED?	HEQUIRED?			OF /PAF	9			PROVINCE	Z	🖷	9	TIME OF I		TIME OF I	than 2 w	1		ENT OC	HER/IN		Ī
INFORMATION/COMMENTS/UPDATE	Please	NG RE	If YES, please explain:	Š	FBRAN	D?	3		;	property				Ŧ	m			ENTIONAL)	Check one						Check one	ADA	If YES,	1,55			ENT/GL		CONTACT			INCIDENT	0	i i	NCIDENT		NCIDENT	witnesses,			OCCURRED	STRUCT		1
E.5	print	REPORT -	ain:	HTDV3	NAME OF BRANCH/DETACHMENT	REPO	PER]		Involved.		*19	; 7 [<u>.</u>	7 6	4 6	: [₹ =	ne only	07		6 7	‡ †	ಪ ಸ	0		YES, please identify	ri CT I	2		/PARENT/GUARDIAN/EMERGENCY CONTACT		OTHER -		:		THE INC				٦	s, attach			В	SUPERVISOR/TEACHER/INSTRUCTOR INVOLVED		Tease
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		SIGNATURE	<u> </u>	AIRCRAFT	GLASS BREAKAGE	FALLING OBJECT FIRE/LIGHTNING	EXPLOSION	COLLAPSE	LOSS/DAMAGE					SPORTS RELATED CLASS	LASS/NOON HOUR	FIELD TRIP	EXTRA-CURRICULAR (i.e. OUT-OF-CLASS	CLASSROOM BETWEEN CLASSES	TIME OF		HEAD/FOREHEAD	FINGERS/HANDS/WRISTS	FACE	CHEST/ABI	ARMS/SHOULDER/ELBOW	TRA	VOH TA					explain how:	77			Ping Barga Bara Bar	PARKING LOT	LOUNGE/STUDY ROOM PARK/GROUNDS	HALLWAY/LOCKERS LIBRARY/OFFICE/	DORMITORIES GYMNASIUM/AUDITORIUM	SHOPS/LABS/KITCHENS DOORS/ENTRANCE ARE	OF INCIDENT: BASEMENT CAFETERIA/LUNCHROOM	기 :					2
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