



Incident Report Form

Name of Injured: _____

Date of Incident: _____

Time of Incident: _____ AM PM

Incident Reported to: _____

Position: _____

Date Reported: _____

Time Reported: _____ AM PM

School: _____

Location of Incident: _____

Incident Details

- Near Miss
- Environmental
- Property Damage
- First Aid
- Medical Aid
- Lost Time

Student Details

Student Grade: _____

- Aggressive/Violent Behavior of Student
- The involved Student has an Individual Program Plan
- The involved Student has a Safety Plan
- Diagnosis/Difficulty: _____

Describe, in full, how the incident happened (including events leading up to the incident)

- Not Applicable





Witness Name _____ Title: _____

Witness Statement Attached: Yes No

Describe the Injury in full (including events leading up to the injury)

(Complete and submit WCB paperwork if applicable)

Not Applicable





Corrective Actions

Action Item:	Assigned To:	Completed On:

Employee Signature

Date

Principal Signature

Date

- CUSTODIAL STAFF – forward to Director of Facilities
- Email all documents to safety@sturgeon.ab.ca

