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

Phone No.: 250 356-1794
Fax No.: 250-356-6222

INCIDENT REPORT

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

1 GENERAL

This section MUST be completed in full

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

ACTIVITY OF WITNESS AT TIME OF INCIDENT

2. NAME OF WITNESS

ACTIVITY OF WITNESS AT TIME OF INCIDENT

☐ THERE WERE NO WITNESSES TO THE INCIDENT

LOCATION OF INCIDENT:

01	☐	BASEMENT	12	☐	PLAYING FIELDS
02	☐	CAFETERIA/LUNCHROOM	13	☐	PLAYGROUND EQUIPMENT
03	☐	CLASSROOM	14	☐	POOL
04	☐	SHOPS/LABS/KITCHENS	15	☐	RINK
05	☐	DOORS/ENTRANCE AREAS	16	☐	SIDEWALKS/ROADS OFF FACILITY PROPERTY
06	☐	DORMITORIES	17	☐	STAIRS WITHIN BUILDING
07	☐	GYMNASIUM/AUDITORIUM	18	☐	STAIRS/SIDEWALKS WITHIN GROUNDS
08	☐	HALLWAY/LOCKERS	19	☐	WASHROOMS/CHANGING ROOMS/SHOWERS
09	☐	LIBRARY/OFFICE/ LOUNGE/STUDY ROOM	20	☐	OTHER – *Please explain:*
10	☐	PARK/GROUNDS			
11	☐	PARKING LOT			

2 A

Complete this section for Bodily Injury/ Other Party Damage

NAME OF PERSON INVOLVED IN INCIDENT | AGE | GENDER – For statistical purposes only ☐ MALE ☐ FEMALE | GRADE | NIGHT SCHOOL ☐ YES ☐ NO

HOME ADDRESS / CITY / PROVINCE | POSTAL CODE

STATUS ☐ STUDENT ☐ VISITOR ☐ OTHER – *Please explain:*

PARENT/GUARDIAN/EMERGENCY CONTACT NAME | WAS THE CONTACT PERSON NOTIFIED? ☐ YES ☐ NO *If YES, please explain how:*

INSTRUCTIONS/COMMENTS OF /PARENT/GUARDIAN/EMERGENCY CONTACT

FIRST AID TREATMENT REQUIRED? ☐ YES ☐ NO | TYPE OF TREATMENT PROVIDED? | BY WHOM? | ADVISED TO SEEK MEDICAL TREATMENT? ☐ YES ☐ NO

WAS HOSPITAL CARE PROVIDED? ☐ YES ☐ NO *If YES, please identify type of care:* ☐ ADMITTED ☐ EMERGENCY VISIT ONLY | TREATMENT? *(If known)* | HOW WAS THE PATIENT TRANSPORTED? ☐ AMBULANCE ☐ OTHER: ☐ PRIVATE VEHICLE

NATURE OF INJURY/DAMAGE – ***Check one only***

01	☐	BRUISE/ABRASION/SWELLING	11	☐	NOSEBLEED
02	☐	BURN	12	☐	OPEN WOUND/LACERATION
03	☐	CONCUSSION(SUSPECTED)	13	☐	SPRAIN/STRAIN (SUSPECTED)
04	☐	CRUSHED	14	☐	WINDED
05	☐	DENTAL DAMAGE	15	☐	PROPERTY DMG./OTHER PARTY
06	☐	DISLOCATION	16	☐	OTHER – *Please explain:*
08	☐	FRACTURE			
09	☐	IMBEDDED OBJECT			
10	☐	NO INFORMATION	07	☐	**FATALITY/DEATH**

BODY AREA INJURED – ***Check one only***

01	☐	ARMS/SHOULDER/ELBOW	09	☐	MULTIPLE AREAS
02	☐	CHEST/ABDOMEN/PELVIS	10	☐	NECK
03	☐	EYES	11	☐	NO INFORMATION
04	☐	FACE	12	☐	SPINE/BACK
05	☐	FEET/TOES	13	☐	TEETH/MOUTH
06	☐	FINGERS/HANDS/WRISTS	14	☐	OTHER – *Please explain:*
07	☐	HEAD/FOREHEAD			
08	☐	LEGS/KNEES/ANKLES			

CAUSE OF INJURY OR DAMAGE – ***Check one only***

*01	☐	ASSAULT-NO WEAPON (INTENTIONAL)	11	☐	MAINTENANCE ACTIVITY
*02	☐	ASSAULT-WITH WEAPON (INTENTIONAL)	12	☐	MOTOR VEHICLE ACCIDENT
03	☐	CHOKING/SUFFOCATION	13	☐	POISONING/ALLERGIC REACTION/INSECT BITE
04	☐	DROWNING	14	☐	SCHOOL BUS ACCIDENT
05	☐	EXPOSURE TO FLAME/ELECTRICITY/ HOT OR CAUSTIC SUBSTANCE	15	☐	SPORTS INJURY
06	☐	FALL AT SAME HEIGHT	16	☐	STRUCK AGAINST PERSON
07	☐	FALL FROM DIFFERENT HEIGHT	17	☐	STRUCK/CRUSHED BY/ AGAINST OBJECT
08	☐	FATIGUE/OVER EXERTION	18	☐	OTHER – *Please explain:*
09	☐	FOREIGN BODY			
*10	☐	HORSEPLAY (NO INTENT TO INJURE)	*19	☐	SEXUAL ASSAULT (ALLEGATIONS INCLUDED)

*List names of others involved:

ACTIVITY AT TIME OF INCIDENT – ***Check one only***

01	☐	CLASSROOM	08	☐	TRAVEL TO OR FROM FACILITY
02	☐	BETWEEN CLASSES	09	☐	UNORGANIZED SPORTS
03	☐	EXTRA-CURRICULAR (i.e. CLUB)	10	☐	WORK PLACEMENT
04	☐	OUT-OF-CLASS FIELD TRIP	11	☐	MAINTENANCE ACTIVITY
05	☐	RECESS/PRE-OR POST CLASS/NOON HOUR	12	☐	OTHER – *Please explain:*
06	☐	SPORTS EVENT			
07	☐	SPORTS RELATED CLASS			

2 B

Complete this section for Loss or Damage to Facility and/or Contents

PROPERTY INVOLVED – *Describe property Involved. Attach addtional sheet if more space is required.* | ESTIMATE OF LOSS/DAMAGE $

PROPERTY INVOLVED IS: ☐ OWNED ☐ LEASED ☐ PERSONAL

DID THE FIRE DEPARTMENT ATTEND? ☐ YES ☐ NO | REPORT NUMBER

WERE POLICE NOTIFIED? ☐ YES ☐ NO | NAME OF BRANCH/DETACHMENT | CASE NUMBER

WERE THERE VISIBLE SIGNS OF FORCED ENTRY? ☐ YES ☐ NO *If YES, please explain:*

CAUSE OF LOSS/DAMAGE

01	☐	BURGLARY/FORCIBLE ENTRY	10	☐	ROBBERY
02	☐	COLLAPSE	11	☐	SMOKE
03	☐	DISHONESTY/INFIDELITY	12	☐	THEFT
04	☐	EXPLOSION	13	☐	TRANSPORTATION
05	☐	FALLING OBJECT	14	☐	VANDALISM/ MALICIOUS ACTS
06	☐	FIRE/LIGHTNING	15	☐	WATER/ESCAPE RUPTURE/FREEZING
07	☐	GLASS BREAKAGE	16	☐	WINDSTORM/HAIL
08	☐	IMPACT BY VEHICLE/ AIRCRAFT	17	☐	OTHER – *Please Explain:*
09	☐	RIOT			

3

FULL NAME OF PERSON COMPLETING REPORT – *Please print* | TITLE | SIGNATURE × | DATE SIGNED YYYY MM DD

FULL NAME OF ADMINISTRATOR – *Please print* | SIGNATURE × | DATE SIGNED YYYY MM DD

OTHER INFORMATION/COMMENTS/UPDATE?