



## INCIDENT REPORT

Date Reported: \_\_\_\_\_ Time Reported \_\_\_\_\_  
Date of Accident: \_\_\_\_\_ Time of Accident \_\_\_\_\_  
Location/Class Accident Occurred: \_\_\_\_\_  
Incident  Injury  Near Miss

Student Name: \_\_\_\_\_ SS#: \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Sex: Male  Female   
Organization: \_\_\_\_\_ Chief: \_\_\_\_\_

None Required (report only)  CARE PROVIDED  
Transported to Medical Facility  Refused  First Aid (on scene)   
Facility Name \_\_\_\_\_

Nature of Injury/Illness/Report: \_\_\_\_\_  
Cause: Fall  Struck by Object  Lifting  Sharp Object  Burns  Action   
Other  (Explain): \_\_\_\_\_  
Unsafe Act: Yes  No  (explain) \_\_\_\_\_  
Unsafe Condition: Yes  No  (explain) \_\_\_\_\_  
Severity: Disabling  Unknown (Follow up Required)  Non-Disabling  Fatality

Brief Description of Accident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Recommendation for Prevention of Recurrence: \_\_\_\_\_  
\_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Instructor Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Instructor Name PRINTED \_\_\_\_\_

**USE BACK OF FORM FOR ADDITIONAL DETAILS**