



St. Peter's Senior Secondary School

Affiliated to C.B.S.E. No. 2630043

ACCIDENT/INCIDENT REPORT FORM

Note:

This form should be completed whenever a accident / incident occurs- that is an incident WITH injury to person or damage to property.

If personnel or property were not injured or damaged during the incident, do not use this form. Use the 'NEAR MISS REPORT FORM'.

INCIDENT REPORT FORM	
i	Date of INCIDENT: _____ Time of INCIDENT: _____
ii	Location of INCIDENT: _____
iii	Who was involved in the INCIDENT: <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Public <input type="checkbox"/> Contractor <input type="checkbox"/> Visitors
iv	Name of person(s) involved in INCIDENT: _____
v	Name, Address & Contact details of any witnesses to INCIDENT: _____
vi	Description of INCIDENT: _____ _____ _____
vii	Steps taken to prevent a reoccurrence of this type of incident: _____ _____
	Signature of person completing report: _____ Date: _____
	Print Name & Job Title: _____
	Signature of Head of Department/School/Function: _____ Date: _____
	Print name: _____