

## Sample Accident Report

**School:** \_\_\_\_\_

Staff completing report: \_\_\_\_\_ Room: \_\_\_\_\_

Date and time of incident: \_\_\_\_\_

Location of the incident:

Person(s) involved in the incident:

Staff

Student


Description of the incident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Immediate action in responding to the emergency:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Action taken (or required) to prevent such incidents in the future:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnesses to the incident:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date/time of report

\_\_\_\_\_  
Signature