Incident Report

Mission Public Schools

PLEASE PRINT IN BLOCK LETTERS and submit this form to the Admin. Assistant of the site. For convenience and information gathering, this form mimics the fields of the online Incident report that needs to be submitted to the School Protection Plan (SPP).

***APPLICABLE HIGHLIGHTED FIELDS MUST BE FILLED IN**

***INCIDENT TYPE**

☐ Injury/Liability ☐ Other ☐ Property

***DATE OF INCIDENT**

MM DD YYYY

***NAME OF SCHOOL**

***SCHOOL PHONE NO.**

( )

***INCIDENT LOCATION**

- ☐ Administration Area
- ☐ Boiler/Mechanical Room
- ☐ Cafeteria
- ☐ Classroom
- ☐ Doors/Entrance Areas
- ☐ Fieldtrip-other
- ☐ Fieldtrip-pool
- ☐ Fieldtrip-rink
- ☐ Fieldtrip-ski
- ☐ Gymnasium
- ☐ Hallway/Locker
- ☐ In Transit
- ☐ Kitchen
- ☐ Lab
- ☐ Library
- ☐ Office
- ☐ Offsite
- ☐ Parking Lot
- ☐ Playground Equipment
- ☐ Playing Fields/Parks
- ☐ Portable Classroom/Building
- ☐ Practicum Site
- ☐ Premises and Grounds
- ☐ Residential Camp
- ☐ Road/Street
- ☐ Shop Class
- ☐ Stairs/Sidewalks Exterior
- ☐ Stairs Within Building
- ☐ Storage
- ☐ Theatre
- ☐ Under Construction
- ☐ Vehicle
- ☐ Washroom/Changeroom

TIME OF INCIDENT AM PM

***PERSON REPORTING INCIDENT**

*Last Name: _____

*First Name: _____

*Phone No: ( )

***DESCRIPTION OF INCIDENT** (*Factual Information Relating to this Incident Only*)

***PERSON INJURED/INVOLVED IN INCIDENT**

*Person Type: ☐STUDENT ☐EMPLOYEE *(explain)* _____

☐NON-EMPLOYEE *(explain)* _____

*Last Name: _____ *First Name: _____

*Phone No: ( ) _____ — _____

(*Use the school phone no.)*

*Birthdate: MM DD YYYY

Age:

Grade:

CAUSE OF INJURY

- ☐ Assault-Physical
- ☐ Assault-Sexual
- ☐ Bullying
- ☐ Burn
- ☐ Choking
- ☐ Crushed/struck by/against Object
- ☐ Emotional Upset/Distress
- ☐ Fainting/Collapse
- ☐ Fall
- ☐ Gunshot
- ☐ Horseplay (No intent to injure)
- ☐ Illness
- ☐ Irate Individual
- ☐ Motor Vehicle Accident
- ☐ No Injury
- ☐ Other-Injury
- ☐ Poisoning/Adverse Reaction
- ☐ Sports Injury

Gender: ☐ MALE ☐ FEMALE

TAKEN TO HOSPITAL ☐ Yes ☐ No

INJURY TYPE

- ☐ Allergic/adverse reaction
- ☐ Amputation
- ☐ Bruise/abrasion/swelling
- ☐ Burn-Minor
- ☐ Burn-Severe
- ☐ Crush-Minor
- ☐ Crush-Severe
- ☐ Cut/Laceration-Minor
- ☐ Cut/Laceration-Severe
- ☐ Cut/Laceration-stitches needed
- ☐ Death
- ☐ Dental Damage-Minor
- ☐ Dental Damage-Significant
- ☐ Discrimination
- ☐ Drowning
- ☐ Emotional Injury
- ☐ Fracture/dislocation
- ☐ Head Injury-loss of consciousness
- ☐ Head Injury/concussion
- ☐ Heat Stroke/Sun Exposure
- ☐ Insect Bite/Sting
- ☐ No Apparent Injury
- ☐ Nosebleed
- ☐ Other-Severe Injury
- ☐ Other-Slight Injury
- ☐ Paralysis
- ☐ Poisoning
- ☐ Seizure
- ☐ Self inflicted injury
- ☐ Sexual Assault
- ☐ Sprain/strain/soft tissue injury
- ☐ Suicide
- ☐ Unknown
- ☐ Winded

BODY PART INJURED

- ☐ Abdomen
- ☐ Ankle
- ☐ Arm
- ☐ Back
- ☐ Buttocks
- ☐ Chest
- ☐ Ear
- ☐ Elbow
- ☐ Eye
- ☐ Face/Chin/Forehead
- ☐ Finger
- ☐ Foot
- ☐ Groin
- ☐ Hand
- ☐ Head
- ☐ Hip
- ☐ Knee
- ☐ Leg
- ☐ Lungs
- ☐ Mouth
- ☐ Neck/Throat
- ☐ Nose
- ☐ Rib
- ☐ Shoulder
- ☐ Teeth/Tooth
- ☐ Thumb
- ☐ Toe
- ☐ Wrist

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***ADDITIONAL PERSON(S)/WITNESS(ES) INVOLVED IN INCIDENT** (*room to record up to 2 witnesses*)

1). Last Name: _____ First Name: _____

(*Please tick appropriate boxes*)
☐ WITNESS ☐ STUDENT ☐ TEACHER ☐ SUPERVISOR

☐ EMPLOYEE-OTHER (*explain*) _____

☐ NON-EMPLOYEE (*explain*) _____

2). Last Name: _____ First Name: _____

(*Please tick appropriate boxes*)
☐ WITNESS ☐ STUDENT ☐ TEACHER ☐ SUPERVISOR

☐ EMPLOYEE-OTHER (*explain*) _____

☐ NON-EMPLOYEE (*explain*) _____

The section below to be completed only in the event of property and/or content damage or loss:

FACILITY/CONTENTS DAMAGE/LOSS INFORMATION

***CAUSE OF LOSS/DAMAGE**

- ☐ 3rd Party Property Damage
- ☐ Accidental Damage
- ☐ Break & Enter/Forced Entry
- ☐ Collapse-Building
- ☐ Computer Mischief
- ☐ Computer misuse / Unauthorized use
- ☐ Computer Virus
- ☐ Falling Object
- ☐ Fire-Accidental
- ☐ Fire-Arson
- ☐ Fraud/Counterfeit
- ☐ Impact by Vehicle
- ☐ Lost Property
- ☐ Mechanical Breakdown
- ☐ Theft-By Employee
- ☐ Theft-From Vehicle
- ☐ Theft-General
- ☐ Theft-No Forced Entry
- ☐ Vandalism
- ☐ Vehicle Accident
- ☐ Water Damage-Other
- ☐ Water Damage-Sewer
- ☐ Weather/Natural Disaster

PROPERTY TYPE

- ☐ Camera
- ☐ Cash
- ☐ Cell Phone
- ☐ Computer Equipment
- ☐ Electronics-Other
- ☐ Electronics-Projector
- ☐ Glass
- ☐ Graffiti
- ☐ Laptop Computer
- ☐ Musical Instrument
- ☐ Other-Vandalism
- ☐ Other-Misc. Property
- ☐ Personal Property
- ☐ Vehicle

OWNERSHIP TYPE

- ☐ Leased ☐ NA/Unknown ☐ Owned
- ☐ Owned or Leased by Employees
- ☐ Owned or Leased by Others
- ☐ Rental Vehicle

***APPROX. VALUE OF LOSS/DAMAGE**

$

***NAME OF POLICE/FIRE DEPT. NOTIFIED**

***POLICE/FIRE CASE NO.**

***FULL NAME and TITLE OF PERSON COMPLETING REPORT**	***SIGNATURE**	***DATE SIGNED** MM DD YYYY
***FULL NAME OF ADMINISTRATOR**	***SIGNATURE**	***DATE SIGNED** MM DD YYYY

For assistance in completing the form please call the SBO Reception at (604) 826-6286 or e-mail: info.sd75@mpsd.ca