

**Sample
Accident Report**

Staff completing report: _____ Room: _____

Date and time of incident: _____

Location of the incident: _____

Person(s) involved in the incident:

Staff

Student

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