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