UNIVERSITY, COLLEGE AND INSTITUTE PROTECTION PROGRAM
RISK MANAGEMENT
P.O. Box 3586
Victoria, British Columbia
V8W 3W6

Phone No.: (250) 387-0525
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INCIDENT REPORT

Please type or print in block letters. Attach an additional sheet if more space is required.

1 GENERAL

This section MUST be completed in full

NAME OF INSTITUTION/FACILITY | LOCATION | PHONE NO. ( )

NAME OF INSTRUCTOR INVOLVED | DATE OF INCIDENT YYYY MM DD | TIME OF INCIDENT: : ☐ a.m. ☐ p.m

DESCRIPTION OF HOW INCIDENT OCCURRED

WITNESSES – *If more than 2 witnesses, attach an additional sheet.*

1. NAME OF WITNESS

ACTIVITY OF WITNESS AT TIME OF INCIDENT

2. NAME OF WITNESS

ACTIVITY OF WITNESS AT TIME OF INCIDENT

☐ THERE WERE NO WITNESSES TO THE INCIDENT

LOCATION OF INCIDENT:

01 ☐	BASEMENT	12 ☐	PLAYING FIELDS
02 ☐	CAFETERIA/LUNCHROOM	13 ☐	PLAYGROUND EQUIPMENT
03 ☐	CLASSROOM	14 ☐	POOL
04 ☐	SHOPS/LABS/KITCHENS	15 ☐	RINK
05 ☐	DOORS/ENTRANCE AREAS	16 ☐	SIDEWALKS/ROADS OFF FACILITY PROPERTY
06 ☐	DORMITORIES	17 ☐	STAIRS WITHIN BUILDING
07 ☐	GYMNASIUM/AUDITORIUM	18 ☐	STAIRS/SIDEWALKS WITHIN GROUNDS
08 ☐	HALLWAY/LOCKERS	19 ☐	WASHROOMS/CHANGING ROOMS/SHOWERS
09 ☐	LIBRARY/OFFICE/ LOUNGE/STUDY ROOM	20 ☐	OTHER – *Please explain:*
10 ☐	PARK/GROUNDS		
11 ☐	PARKING LOT		

2 A

Complete this section for Bodily Injury/ Other Party Damage

NAME OF PERSON INVOLVED IN INCIDENT | AGE | GENDER – For statistical purposes only ☐ MALE ☐ FEMALE | PROGRAM | NIGHT SCHOOL ☐ YES ☐ NO

HOME ADDRESS / CITY / PROVINCE | POSTAL CODE

STATUS ☐ STUDENT ☐ VISITOR ☐ OTHER – *Please explain:*

EMERGENCY CONTACT NAME | WAS THE CONTACT PERSON NOTIFIED? ☐ YES ☐ NO *If YES, please explain how:*

INSTRUCTIONS/COMMENTS OF EMERGENCY CONTACT

FIRST AID TREATMENT REQUIRED? ☐ YES ☐ NO | TYPE OF TREATMENT PROVIDED? | BY WHOM? | ADVISED TO SEEK MEDICAL TREATMENT? ☐ YES ☐ NO

WAS HOSPITAL CARE PROVIDED? ☐ YES ☐ NO *If YES, please identify type of care:* ☐ ADMITTED ☐ EMERGENCY VISIT ONLY | TREATMENT? *(If known)* | HOW WAS THE PATIENT TRANSPORTED? ☐ AMBULANCE ☐ OTHER: ☐ PRIVATE VEHICLE

NATURE OF INJURY/DAMAGE – ***Check one only***

01 ☐	BRUISE/ABRASION/SWELLING	11 ☐	NOSEBLEED
02 ☐	BURN	12 ☐	OPEN WOUND/LACERATION
03 ☐	CONCUSSION(SUSPECTED)	13 ☐	SPRAIN/STRAIN (SUSPECTED)
04 ☐	CRUSHED	14 ☐	WINDED
05 ☐	DENTAL DAMAGE	15 ☐	PROPERTY DMG./OTHER PARTY
06 ☐	DISLOCATION	16 ☐	OTHER – *Please explain:*
08 ☐	FRACTURE		
09 ☐	IMBEDDED OBJECT		
10 ☐	NO INFORMATION	07 ☐	**FATALITY/DEATH**

BODY AREA INJURED – ***Check one only***

01 ☐	ARMS/SHOULDER/ELBOW	09 ☐	MULTIPLE AREAS
02 ☐	CHEST/ABDOMEN/PELVIS	10 ☐	NECK
03 ☐	EYES	11 ☐	NO INFORMATION
04 ☐	FACE	12 ☐	SPINE/BACK
05 ☐	FEET/TOES	13 ☐	TEETH/MOUTH
06 ☐	FINGERS/HANDS/WRISTS	14 ☐	OTHER – *Please explain:*
07 ☐	HEAD/FOREHEAD		
08 ☐	LEGS/KNEES/ANKLES		

CAUSE OF INJURY OR DAMAGE – ***Check one only***

*01 ☐	ASSAULT-NO WEAPON (INTENTIONAL)	11 ☐	MAINTENANCE ACTIVITY
*02 ☐	ASSAULT-WITH WEAPON (INTENTIONAL)	12 ☐	MOTOR VEHICLE ACCIDENT
03 ☐	CHOKING/SUFFOCATION	13 ☐	POISONING/ALLERGIC REACTION/INSECT BITE
04 ☐	DROWNING		
05 ☐	EXPOSURE TO FLAME/ELECTRICITY/ HOT OR CAUSTIC SUBSTANCE	14 ☐	BUS ACCIDENT
		15 ☐	SPORTS INJURY
		16 ☐	STRUCK AGAINST PERSON
06 ☐	FALL AT SAME HEIGHT	17 ☐	STRUCK/CRUSHED BY/ AGAINST OBJECT
07 ☐	FALL FROM DIFFERENT HEIGHT		
08 ☐	FATIGUE/OVER EXERTION	18 ☐	OTHER – *Please explain:*
09 ☐	FOREIGN BODY		
*10 ☐	HORSEPLAY (NO INTENT TO INJURE)	* 19 ☐	SEXUAL ASSAULT (ALLEGATIONS INCLUDED)

*List names of others involved:

ACTIVITY AT TIME OF INCIDENT – ***Check one only***

01 ☐	CLASSROOM	08 ☐	TRAVEL TO OR FROM FACILITY
02 ☐	BETWEEN CLASSES	09 ☐	UNORGANIZED SPORTS
03 ☐	EXTRA-CURRICULAR (i.e. CLUB)	10 ☐	WORK PLACEMENT
04 ☐	OUT-OF-CLASS FIELD TRIP	11 ☐	MAINTENANCE ACTIVITY
05 ☐	PRE-OR POST CLASS	12 ☐	OTHER – *Please explain:*
06 ☐	SPORTS EVENT		
07 ☐	SPORTS RELATED CLASS		

2 B

Complete this section for Loss or Damage to Facility and/or Contents

PROPERTY INVOLVED – *Describe property Involved. Attach addtional sheet if more space is required.* | ESTIMATE OF LOSS/DAMAGE $

PROPERTY INVOLVED IS: ☐ OWNED ☐ LEASED ☐ PERSONAL

DID THE FIRE DEPARTMENT ATTEND? ☐ YES ☐ NO | REPORT NUMBER

WERE POLICE NOTIFIED? ☐ YES ☐ NO | NAME OF BRANCH/DETACHMENT | CASE NUMBER

WERE THERE VISIBLE SIGNS OF FORCED ENTRY? ☐ YES ☐ NO *If YES, please explain:*

CAUSE OF LOSS/DAMAGE

01 ☐	BURGLARY/FORCIBLE ENTRY	10 ☐	ROBBERY
02 ☐	COLLAPSE	11 ☐	SMOKE
03 ☐	DISHONESTY/INFIDELITY	12 ☐	THEFT
04 ☐	EXPLOSION	13 ☐	TRANSPORTATION
05 ☐	FALLING OBJECT	14 ☐	VANDALISM/ MALICIOUS ACTS
06 ☐	FIRE/LIGHTNING		
07 ☐	GLASS BREAKAGE	15 ☐	WATER/ESCAPE RUPTURE/FREEZING
08 ☐	IMPACT BY VEHICLE/ AIRCRAFT	16 ☐	WINDSTORM/HAIL
09 ☐	RIOT	17 ☐	OTHER – *Please Explain:*

3

FULL NAME OF PERSON COMPLETING REPORT – *Please print* | TITLE | SIGNATURE | DATE SIGNED YYYY MM DD

FULL NAME OF ADMINISTRATOR – *Please print* | SIGNATURE | DATE SIGNED YYYY MM DD

OTHER INFORMATION/COMMENTS/UPDATE?