

Incident Report

PEOPLE

Name of person completing this report:	Date of report:
Name(s) of person/people involved in incident:	Contact information:
Name(s) of witness(es):	Contact information:

PLACE, DATE, TIME

Location of incident:	Date of incident:
	Time of incident:

DETAILS OF INCIDENT (e.g., accident, injury, harassment, violent confrontation, privacy breach, etc.)

Describe the incident chronologically from start to finish. Be sure to include sufficient detail and information that might be required later:
Describe the action(s) taken (e.g., EMS called, first-aider sought, parent called, dancer sent home, dancer continued activity, etc.):
Additional information:

FOLLOW-UP

Describe the outcome (How the incident was resolved? If it was not resolved, why not?):			
Help identify gaps in the health and safety program. Describe the corrective actions identified and taken to prevent recurrence:			
Action 1:	Assigned to:	Expected completion date:	Date completed:
Action 2:	Assigned to:		
Action 3:	Assigned to:		

SIGNATURES

Signature of person completing this report:	Date:
Name of supervisor:	
Signature of supervisor:	Date:

N.B. Reports should be securely stored.