



THE ELIOT SCHOOL
OF FINE & APPLIED ARTS

INJURY / INCIDENT REPORT

Incident Date _____ Incident Time _____

Incident Location _____

Name of Person Involved in Incident _____

Address _____

Cell phone _____ Home phone _____

Date of Birth _____ Gender _____

Details of Incident:

Were there any injuries YES / NO

Body Part Injured _____

Did injury involve a power tool? (If YES, which one?) _____

Did injury require medical treatment? _____

Hospital where treated _____

How was injured person transported to hospital? _____

First Aid administered by _____

Description of First Aid given on site:

Witness 1 Name _____

Cell phone _____ Home phone _____

Witness 2 Name _____

Cell phone _____ Home phone _____

Witness 3 Name _____

Cell phone _____ Home phone _____

Name of Person filing report _____

Signature of person filing report _____ Date _____

Eliot School staff signature _____ Date _____