Livingstone Range
SCHOOL DIVISION

STAFF Incident Report

School Name:	Staff Name:

Staff Personal Information

Home Mailing Address:		Home/Cell Phone:
City/Town:	Postal Code:	Date of Birth:

Date of incident:			Time of incident:
Location of incident:			
Description of Injury: Body Part(s) affected:			
Brief Account of Incident (attach additional page if required):			
First Aid Administered:			Administered By:
Other Treatments: (hospital/clinic/ambulance)			If yes, Time Family Contacted:
Off work because of incident:	If yes, Last day worked:		If Yes, expected day to return:
If no other treatments at this time, does employee plan to seek medical treatment because of this incident:			
Division Property Damage:		Personal Property Damage:	Motor Vehicle Accident:
Name of Supervisor Contacted:			Time of Contact:

Witness(es)	Name:	Phone:
Witness(es)	Name:	Phone:

Reported Submitted by:	Signature:	Date Submitted:
Date/Time Emailed/Faxed to Central Office:		Report #: (internal use only)

Please keep original copy in school file. **Email copy to Central Office: stockerL@lrsd.ab.ca or fax 403-553-0370**