Young Peoples Workshops
YPW
SPANISH IMMERSION SCHOOL

Accident or Illness Investigation Report

Date of incident:	Time of incident:	__ AM	__ PM
Date reported:	Location:		
Person(s) involved:	__ Employee	__ Student	
	__ Contractor	__Visitor	
Position title:	Date employed:		
Department:	Manager or supervisor:		
Witness 1:	Witness 2:		

Description of the injury or illness:

Description of activity at the time of the incident:

Incident resulted in:	__ Injury	__Medical clinic treatment	__ Lost time
__ Property damage	__ Illness	__ First aid	__ No injury or illness

Recommended corrective action:

Immediate corrective action taken:

Investigated by:

Title:	Date: