Form 160-1
Staff Incident Report Form

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: laura.stocker@westwind.ab.ca or fax 403-653-4641**