

FIELD TRIP ACCIDENT REPORT



ACCIDENT INFORMATION			
DATE		TIME	
LOCATION			
ADDRESS			
LOCATION'S PHONE NUMBER		CLASSROOM TEACHER'S NAME	
VICTIM(S) NAME(S)			
PRESENTER'S INFORMATION			
NAME			
ADDRESS			
PHONE			
EMAIL			

DESCRIBE WHAT HAPPENED IN DETAIL INCLUDING EVENTS **LEADING UP TO THE ACCIDENT AND THE ACCIDENT ITSELF**. INCLUDE **NAMES OF THOSE AFFECTED** BY THIS ACCIDENT. YOU MAY ATTACH ADDITIONAL SHEETS OF PAPER IF YOU NEED MORE SPACE.

DESCRIBE ALL INJURIES IN DETAIL INCLUDING ANY PART OF THE BODY AFFECTED

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DESCRIBE WHAT HAPPENED IN DETAIL AFTER THE ACCIDENT OCCURRED INCLUDING ALL ACTIONS TAKEN BY YOU AND OTHERS. INCLUDE THE STATUS OF THE VICTIM(S) ONCE YOU LEFT THIS LOCATION.

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COMMENTS FROM WITNESSES (INCLUDE NAMES OF WITNESSES)

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ACTIONS TAKEN AFTER THE ACCIDENT BY THE OFFICE

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PRESENTER

SIGNATURE	DATE
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MANAGEMENT

NAME			
TITLE			
SIGNATURE	DATE		