



CONTRACT INSTRUCTOR INCIDENT REPORT

INSTRUCTOR AND CLASS INFORMATION

Instructor Name: _____ Business Name: _____

Phone Number: (_____) _____

Class Title: _____ Scheduled Class Day: _____ Scheduled Class Time: _____ a.m. / p.m.

INCIDENT

Name of Person(s) Involved: _____ Phone Number: _____

Date of Incident: _____ Time of Incident: _____ a.m. / p.m.

Location of Incident: _____

Did the incident involve a minor (under 18 years of age)? Yes No

Name of Parent/Guardian (if under 18 years old): _____

DETAILED DESCRIPTION OF INCIDENT

DETAILED DESCRIPTION OF INJURIES/DAMAGES

SAFETY HAZARDS OBSERVED

WITNESS(ES)

Name	Phone Number	Comments

ACTION TAKEN

First Aid Provided: _____ Administered by: _____

Further Medical Attention: No Yes, method of transportation: Ambulance Private Vehicle Other _____

Sheriff – Police Report #: _____

Refused Attention (Signature of injured if over 18, signature of parent/guardian required if injured is under 18)

Signature: _____ Print Name: _____

Contract Instructor Signature: _____ Date: _____

Return form to Contract Class Office as soon as possible. If the incident is an emergency, notify Contract Class staff as soon as practical.

CITY STAFF IS REQUIRED TO SUBMIT A FORMAL INCIDENT REPORT SUMMARIZING THE INFORMATION ON THIS FORM AS SOON AS POSSIBLE.
THIS FORM MUST BE SCANNED IN AS AN ATTACHMENT TO THE FORMAL REPORT.