#  EvergreenYFS_Logo_COLOR.jpg

# **Incident Report**

# **Date**: **Reported by**:

**Background Information**:

# **Describe Incident**:

# **Issues or Policies**:

1. **List all people involved**:
2. **List any other witnesses**:
3. **Describe any/all injuries**:
4. **What first aid was given**:
5. **Who administered the first aid**:
6. **Was 911 called**:
7. **Who responded**:
8. **Was anyone transported to another facility**:
9. **By whom**:
10. **To what facility**:
11. **Describe any follow up to the initial first aid**:
12. List the date, time, name, relationship and phone number of everyone you notified

Parent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_

**Guardian**

**Date**

**Time**

SW\_\_\_\_\_\_\_\_\_na\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_Time\_\_\_\_\_\_\_\_

PO \_\_\_\_\_\_\_\_\_\_na\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_

1. Supervisor’s comments:
2. Reports Filed: State Ombudsman: Yes\_\_\_\_\_ No\_\_NA\_\_ MN DHS: Yes \_\_\_NO\_\_NA\_\_
3. Has Report been forwarded to the Safety Director for their review and input? Yes\_\_ No\_\_\_ Date sent \_\_\_\_\_\_\_Date Received by \_\_\_\_\_\_\_\_\_\_\_\_\_\_