



Government of the Republic of Trinidad and Tobago
Ministry of Education

ACCIDENT/INCIDENT REPORT FORM

Effective Date: 01/06/18	Form No: HSEform02
Version: 02	Approved By: Permanent Secretary

School/Division/Unit:		Location:	
Date of incident:	Time of Incident:	Time Reported:	
Incident reported by:		Name of Injured:	
Occupation of Injured:		Nature of Injury:	

State what medical attention was sought:

Witness (es) _____

What was the cause of the Accident/Incident?

What measure(s) has/have been taken to prevent recurrence?

Property/equipment damage:

Loss severity: Minor ☐ Major ☐ Severe ☐ Catastrophic ☐

Reported By: _____

Date: _____

Supervisor: _____

Date: _____

H&S Rep: _____

Date: _____