

Incident Reporting

Independent School District #271 • Bloomington, Minnesota

Date of Report: _____

NOTE: It is essential that this form be filled out in its entirety. This form is not a substitution for a police report. Contacting the police by the individual reporting is recommended. Insurance carriers often require the police report for processing claims. This form is being used for data collection.

Location Where Loss Occurred	Property/Person Affected <i>(Check)</i>	Cause <i>(Check)</i>
Building _____	Building _____	Vandalism _____
Room No. _____	Grounds _____	Burglary/Theft _____
Floor No. _____	Equipment _____	Fire/Smoke _____
Other Location _____	Supply/Material _____	Windstorm _____
Time of Day _____	Person Property _____	Lightning _____
Date of Loss _____	Other _____	Water _____
_____	Fixed Asset Numbers	Explosion _____
_____	for equipment: _____	Personal Threat _____
_____	_____	Other _____
_____	Vistor _____	_____
_____	Staff _____	_____

Describe what happened in detail. Include estimate of cost to repair or replace. Include names of witnesses, if any. Include names of persons responsible for vandalism, if available. Describe extent of damage fully.

Were the police notified? (Circle) Yes No

If yes, police report number _____

OSHA Reminder: *If an employee has been injured, a Employee Accident Investigation Report must be completed within 24 hours of the occurrence and sent to Human Resources.*

Signature and Position: _____