



Faith International Academy

Incident/Accident Report Form

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Main point is about: Commendation Non-Compliance/Violation Accident/Injuries
 Suggestions Others

Date of incident: _____ Time: _____ Location of incident: _____

Person/s involved: _____ Direct supervisor: _____

Classification (circle one) : Staff Employee Student Others: _____

NOTE: Any incident must be reported by the supervisor to his respective Administrator or to his immediate head as soon as possible.

(If employees are involved) ALL injuries that require follow-up at a hospital or with a doctor and that occur on campus or at FA events must be reported by the supervisor to the Business Administrator or HR Manager as soon as possible. A copy of this form will be kept in the HR Office.

Details of the Incident:

(more space at the back or you may use additional sheet)

Faith Academy, Inc.
Incident/Accident Report Form

Details of the Incident:

All of the above facts are a true record of the accident/incident.

Prepared and Submitted by:

_____ Date : _____
(signature over printed name)

Witnessed by : _____ Date: _____

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Action taken

Submitted by: _____
Date: _____

Recommendation:

