



STANFIELD SCHOOLS DISTRICT 61R

STAFF Non-Medical Incident Report

Employee Name:	
Date of Injury:	
Time of Injury:	
Describe the injury, what part of body, which side. (Example: slipped at recess, stubbed right big toe).	
Name of Witnesses:	

Date: _____

Supervisor Signature _____

**Send original to District Office
within 24 hours of incident.**

For District office only:

Date Received: _____

Signature: _____

