

(SCHOOL DISTRICT)
MAINTENANCE AND OPERATIONS

INCIDENT REPORT

Building _____

Reported By _____

Date _____ Time of Day _____

What happened? (give name of employee(s) and what you specifically observed):

Witnesses: _____

What action did you take?: _____

Action requested of Supervisor: _____

Supervisor/Administrator

Date

Follow up action taken: _____

Supervisor

Date