AFTER HOURS USE OF FACILITY – INCIDENT REPORT

NAME OF SCHOOL: ________________________________________________

DATE(S) SCHOOL USED: __________________________________________

ORGANIZATION: ________________________________________________

NAME OF SITE SUPERVISORS: ____________________________________

FACILITIES/EQUIPMENT USED: ____________________________________

NATURE OF INCIDENT: __________________________________________

_______________________________________________________________

_______________________________________________________________

ACTION TAKEN BY SCHOOL: ______________________________________

_______________________________________________________________

_______________________________________________________________

DATE OF REPORT: ____________________________

SIGNATURE OF PRINCIPAL: _______________________________________  

SEND COPY TO: COMMUNITY USE OF SCHOOLS     PLANT OPERATIONS    SCHOOL COPY

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FOR BOARD/CUS. USE ONLY:

ACTION TAKEN UPON RECEIVING ABOVE COMPLAINT: _______________________

_______________________________________________________________

_______________________________________________________________

□ FIRST OFFENCE    □ SECOND OFFENCE    □ FUTURE USE DENIED

SIGNATURE OF BOARD PERSONNEL: ____________________________________