

Manitoba Education and Training Serious Incident Report



School Division St. James-Assiniboia School Division

Date of Incident _____

School

School _____

Time of Incident _____

School _____

Reported By _____

School _____

Lockdown/Hold and Secure (select one if applicable)	Initiated By
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- | | | |
|---------------------------------------|-----------------------|---------------------------------------|
| <input type="radio"/> Lockdown | Start _____ End _____ | <input type="radio"/> Law Enforcement |
| <input type="radio"/> Hold and Secure | | <input type="radio"/> School |

Serious Incident Category (select all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Bomb Threat | <input type="checkbox"/> Drug Trafficking |
| <input type="checkbox"/> Intruder | <input type="checkbox"/> Serious Vandalism |
| <input type="checkbox"/> Threatening Behaviour by Unknown / Known Individual | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Abduction/Attempted Abduction | <input type="checkbox"/> Chemical/Natural Gas Emergency |
| <input type="checkbox"/> Weapon | <input type="checkbox"/> Fatality - Suicide |
| <input type="checkbox"/> Suspected Weapon | <input type="checkbox"/> Fatality - Accidental |
| <input type="checkbox"/> Serious Assault | <input type="checkbox"/> Fatality - Natural Causes |
| <input type="checkbox"/> Serious School Bus Accident | <input type="checkbox"/> Threat in the Community |
| <input type="checkbox"/> Car/Pedestrian Accident | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Serious Injury/Medical Emergency | |

Division/School Response to Incident (select all that apply)
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- | | |
|--|---|
| <input type="checkbox"/> Contacted Law Enforcement/Fire Department | <input type="checkbox"/> Crisis Response Team Implemented |
| <input type="checkbox"/> Medical Treatment/Intervention/EMS | <input type="checkbox"/> No Response Required |
| <input type="checkbox"/> Evacuation | |

Individual(s) Involved in Incident

- | | | | | | | | |
|--------------------------------------|---------|----------------------------------|---------------------------------------|----------------------------|----------------------------|----------------------------|-----------------------------|
| <input type="checkbox"/> Student(s) | Grades: | <input type="checkbox"/> Nursery | <input type="checkbox"/> Kindergarten | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <input type="checkbox"/> Staff | | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 | <input type="checkbox"/> 10 |
| <input type="checkbox"/> Other _____ | | <input type="checkbox"/> 11 | <input type="checkbox"/> 12 | | | | |

Incident Classification

- ☐ In-School Incident ☐ External Incident

Summary of Incident