**Incident Report**

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| Use this form when: * A bus driver is involved in a situation with a passenger or member of the community.
* Passengers are breaking policy.
* A driver is involved in a near miss.
* A driver witnesses wrong behavior of a coworker.
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Date\_\_\_\_\_\_\_\_\_ Time\_\_\_\_\_\_\_\_\_

Driver Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Vehicle identification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Passenger(s) name(s)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe what happened in detail:

Explain what action(s) you took:

Were you exposed to any body fluids? (Circle one) YES NO

Driver Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This section to be filled out by supervisor.

Time reported to supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Action taken by supervisor:

Was the incident reported to the authorities? (Circle one) YES NO

If yes, who and when: