

Carrier Name: South Shore Regional Centre for Education

If an area does not apply to your incident, please check N/A box

<u>Incident Preliminary Report information:</u>			
Item	Response	Comments	N/A
Date/time of incident:	Hour: Choose Hour Minutes:		
Bus # or VIN #:			
School that the bus services:			<input type="checkbox"/>
Number of students on bus:			<input type="checkbox"/>
School Principal contacted (Y/N):	YES <input type="checkbox"/> NO <input type="checkbox"/>		<input type="checkbox"/>
Description of incident:			
Location of incident:			
EHS called (Y/N):	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Injuries:	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes please comment on injuries:	
Police called (Y/N):	YES <input type="checkbox"/> NO <input type="checkbox"/>		
EHS contacted (Y/N)	YES <input type="checkbox"/> NO <input type="checkbox"/>		
Number of passengers involved:			

Email Completed form to: MCD@novascotia.ca & joel.turner@novascotia.ca or fax to 902-861-1152