

LIMESTONE DISTRICT SCHOOL BOARD
LDSB Postal Bag 610, 220 Portsmouth Ave, Kingston On, K7M 4X4

EMPLOYEE ACCIDENT/INCIDENT REPORTING FORM

COMPLETE ALL SECTIONS and send this Report to the HEALTH & SAFETY COORDINATOR, BOARD OFFICE **within 12 hours**.
Fax 613 544-8569, Call 613-544-6925 ext. 225 in cases of serious injury. Employees are to receive a copy of this form upon completion.

School Name: _____ Department: _____ Occupation: _____

Board ID#: _____ Date of Birth: _____

Surname: _____ First Name: _____

Employee's Address: _____ Telephone No. _____

_____ Postal Code: _____

Date and Time of Accident/Incident: _____ Date and Time Reported: _____
Date Time Date Time

Person receiving report: _____

Accident/Incident Details

Where did the Accident/Incident Occur (e.g. classroom, gym, etc.): _____

Nature of Injury (cut, sprain, burn, etc.): _____

Part of Body involved (specify right or left): _____

Describe clearly how the accident/incident occurred; what was being done; size, weight, and type of equipment involved, etc.

Type of Incident (check all that apply)

- Struck/Contact By Slip/No Fall Traumatic Event Struck Against / Contact With
 Overexertion Exposure Caught In /Under/ Between Repetitive Body Movement
 Fall Aggression Harassment Violence (specify) _____ Student Action Bitten Pushed
 Domestic Violence Verbal threats in person by telephone Written Threat Other (specify) _____

Type of Injury (check all that apply)

- Hazard /Incident Physical Psychological **Injury requiring:** First Aid Medical Aid Lost Time

If First Aid given: _____ Date: _____ By Whom: _____

Name and address of Physician and/or Hospital attending to the injury and date seen: (If required, please provide updated information as soon as possible)

Witness(es) or Other Persons Involved: _____

Contact information for witness (es) _____

ACCIDENT/INCIDENT INVESTIGATION REPORTING FORM

This section is to be completed by **immediate Supervisor** (e.g. Principal, Head Caretaker, Supervisor, etc.)

Analysis: What caused the accident/incident? Describe acts, failures to act, and any conditions that contributed most directly to the accident/incident:

Prevention:

1) What action(s) has or will be taken to prevent a recurrence

2) What training did the employee have for task under investigation? _____

Recommendations for future training: _____

As a result of this incident/accident, the Employee will:

Return to regular duties Undertake modified duties Remain off work for _____ days

Name of immediate Supervisor investigating this incident/accident and completing this form: _____

Signature

Position

Date

Signature of Principal (where applicable)

