**SUPERIOR-GREENSTONE DISTRICT SCHOOL BOARD**

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| **FORM 1 - INJURY / ILLNESS / HARASSMENT / VIOLENT / AGGRESSIVE INCIDENT REPORTING FORM** |

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| **To be completed by Employee within 2 school days of incident**  |

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| **Name:**      (Injured/Victim/Complainant) | **Reporting Date:** | **Incident Date:** | **Time of Incident**(approx): |
| **School:**       |       |       |       |
| **Location:**[ ]  Hallway [ ]  Classroom [ ]  Gym [ ]  Office [ ]       [ ]  Outside School Property [ ]  Field [ ]  Parking Lot | Signature: |

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| **SECTION A: Assailant(s)** Check applicable description(s) |
| [ ]  Student[ ]  Student’s Parent/Guardian[ ]  Visitor | [ ]  Formally Identified Student |
| [ ]  Co-worker |  |
| [ ]  Other (Specify):  |       |

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| **SECTION B: Details on the Incident** |
| **Nature of the Incident:** (check all that apply) |
| **VERBAL** | **EMOTIONAL** | **PHYSICAL** |
| [ ]  Abuse[ ]  Threat[ ]  Harassment | [ ]  Symptomatic Stress[ ]  Harassment | [ ]  Bite[ ]  Kick[ ]  Pushed[ ]  Lifting | [ ]  Punch[ ]  Spit[ ]  Ergonomics[ ]  Harassment | [ ]  Scratch[ ]  Slap[ ]  Slip, Trip or Fall | [ ]  Strain[ ]  Sport (gym)[ ]  Other: specify |
|       |
| **Injuries Sustained:** (check all that apply) |
| [ ]  Arm[ ]  Hand | [ ]  Face[ ]  Head | [ ]  Shoulder[ ]  Neck | [ ]  Chest[ ]  Back | [ ]  Leg[ ]  Foot | [ ]  Other: specify |
|       |
| **Weapon Involved?** | **Police Notified?** | **Repeat Incident involving the same assailant(s)?** |
| [ ]  Yes [ ]  No | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| If yes, specify: |       |  |  |
| **Witness(s):** |       |
| **Additional Information:** (i.e. other individuals involved [names not required], location, mitigating factors, etc. – add page if necessary |
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| **SECTION C:** |
| Have the following forms been completed, if applicable? | [ ]  S17-004 Safe Schools Incident Report Form – Part 1 |
| [ ]  S18-001 Violent Incident Form |
| [ ]  WSIB Functional Ability Form (FAF) |
| [ ]  WSIB – if Doctor’s Care and/or lost time – Employer completes Form 7, employee completes Form 6 |

**Upon completion – submit to Administrator / Supervisor**

***(Supervisor will complete FORM 2 on back)***

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|  **FORM 2 - INJURY / ILLNESS / HARASSMENT / VIOLENT / AGGRESSIVE INCIDENT REPORTING FORM*****To be completed by the Employer*** |

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| **Nature of the Incident** |
| **Environmental** (check all that apply) | **Safety** (check all that apply) |
| [ ]  Land [ ]  Sand [ ]  Ice[ ]  Water [ ]  Rain | [ ]  Air [ ]  Odour [ ]  Chemical [ ]  VOC | [ ]  First Aid[ ]  Doctor Care | [ ]  Lost Time[ ]  Near Miss | [ ]  Property Damage |
| [ ]  Other: |       | [ ]  Other: |       |

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| **Personal Injury** (Actual / Potential) |  | **Property Damage/Environment** (Actual / Potential) |
| Job Title | Location | Time of Incident |  | Area/Room Number | Estimated Value of Property Damage |
|       |       |       |  |       |       |
| ***In incidences involving potential WSIB claims pictures must be taken.***Photos taken of site, injury and related items (i.e. footwear)Photos submitted with Form | [ ]  Yes [ ]  No[ ]  Yes [ ]  No |  | Were digital/other photos taken of the scene / damage?[ ]  Yes [ ]  No Submitted: [ ]  Yes [ ]  No |

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| **Describe in detail what happened. Provide specific details of equipment, tools, materials, parts, etc.**(Attach extra page if additional space needed) |
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| **Contributing Behaviours** | **Contributing Conditions** | **Other Contributing Factors** |
| [ ]  Operation without authority[ ]  Failure to warn[ ]  Failure to secure/make safe (lockout)[ ]  Operating at improper speed, rushing[ ]  Making safety devices inoperable[ ]  Removing safety devices[ ]  Use of defective equipment/tools[ ]  Using equipment improperly[ ]  Failure to use PPE[ ]  Improper loading / handling techniques[ ]  Improper body placement[ ]  Working on moving/dangerous equipment[ ]  Distracting/teasing/horseplay[ ]  Using hands instead of tools[ ]  Failure to follow rules/instructions[ ]  Acting aware of insufficient data[ ]        | [ ]  Inadequate guarding[ ]  Improper PPE/dress[ ]  Defective tools/equipment/materials[ ]  Safety devices inoperative[ ]  Hazardous arrangement[ ]  Congestion[ ]  Inadequate warning[ ]  Housekeeping[ ]  Hazard Environment (gas/dust/fumes)[ ]  Noise Exposure[ ]  Temperature extremes[ ]  Improper illumination[ ]  Inadequate ventilation[ ]  Radiation exposure[ ]  Insufficient data[ ]        | **Personal Factors** |
| [ ]  Inadequate physical capability[ ]  Lack of knowledge, skill[ ]  Stress, physical or mental[ ]  Improper motivation[ ]  Improper footwear[ ]  Improper Protective Equipment[ ]  Improper Clothing[ ]        |
| **Job Factors** |
| [ ]  Inadequate supervision[ ]  Inadequate leadership[ ]  Inadequate purchasing[ ]  Inadequate maintenance[ ]  Inadequate work standards[ ]  Wear and tear[ ]  Abuse or misuse[ ]        |

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| **Corrective / Preventative Actions**Describe actions that were taken, identify outside services called in, if any: |  | **Describe any recommendations to prevent reoccurrence:** |
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| **Participants at Investigation –** *Site Administrator conducts the investigation, but may include:* |
|  | Name | Signature | Pictures Received | Date |
| Employee (\*) |       |  | [ ]  Yes [ ]  No |       |
| Site Administrator |       |  | [ ]  Yes [ ]  No |       |
| J.H. & S. Committee Member |       |  | [ ]  Yes [ ]  No |       |
| Other:       |       |  | [ ]  Yes [ ]  No |       |
| (\*) Employee’s signature only indicates he/she has read report. If the employee is in disagreement with investigation, he/she can record any comments/concerns and have them attached to the report. |

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| **Completed form to be e-mailed to** **workplaceinjuryforms@sgdsb.on.ca** **within 2 school days** |
| [ ]  Action taken | [ ]  No other action taken | Signature of Disability & Wellness Administrator | Date |
| Describe: |  |       |
|       | ***To be filed in Disability & Wellness Administrator’s Office upon completion*** |
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| c.c. [ ]  Superintendent of Education [ ]  Superintendent of Business [ ]  Other:       |

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