

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

Nature of the Incident

Environmental (check all that apply)				Safety (check all that apply)		
<input type="checkbox"/> Land	<input type="checkbox"/> Sand	<input type="checkbox"/> Ice	<input type="checkbox"/> Air	<input type="checkbox"/> Odour	<input type="checkbox"/> Chemical	<input type="checkbox"/> VOC
<input type="checkbox"/> Water	<input type="checkbox"/> Rain	<input type="checkbox"/> Other:		<input type="checkbox"/> First Aid	<input type="checkbox"/> Lost Time	<input type="checkbox"/> Property Damage
				<input type="checkbox"/> Doctor Care	<input type="checkbox"/> Near Miss	<input type="checkbox"/> Other:

Personal Injury (Actual / Potential)			Property Damage/Environment (Actual / Potential)	
Job Title	Location	Time of Incident	Area/Room Number	Estimated Value of Property Damage
<u>In incidences involving potential WSIB claims pictures must be taken.</u> Photos taken of site, injury and related items (i.e. footwear) <input type="checkbox"/> Yes <input type="checkbox"/> No Photos submitted to Safety Coordinator <input type="checkbox"/> Yes <input type="checkbox"/> No			Were digital/other photos taken of the scene / damage? <input type="checkbox"/> Yes <input type="checkbox"/> No Submitted: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Describe in detail what happened. Provide specific details of equipment, tools, materials, parts, etc.
 (Attach extra page if additional space needed)

<p>Contributing Behaviours</p> <input type="checkbox"/> Operation without authority <input type="checkbox"/> Failure to warn <input type="checkbox"/> Failure to secure/make safe (lockout) <input type="checkbox"/> Operating at improper speed, rushing <input type="checkbox"/> Making safety devices inoperable <input type="checkbox"/> Removing safety devices <input type="checkbox"/> Use of defective equipment/tools <input type="checkbox"/> Using equipment improperly <input type="checkbox"/> Failure to use PPE <input type="checkbox"/> Improper loading / handling techniques <input type="checkbox"/> Improper body placement <input type="checkbox"/> Working on moving/dangerous equipment <input type="checkbox"/> Distracting/teasing/horseplay <input type="checkbox"/> Using hands instead of tools <input type="checkbox"/> Failure to follow rules/instructions <input type="checkbox"/> Acting aware of insufficient data <input type="checkbox"/>	<p>Contributing Conditions</p> <input type="checkbox"/> Inadequate guarding <input type="checkbox"/> Improper PPE/dress <input type="checkbox"/> Defective tools/equipment/materials <input type="checkbox"/> Safety devices inoperative <input type="checkbox"/> Hazardous arrangement <input type="checkbox"/> Congestion <input type="checkbox"/> Inadequate warning <input type="checkbox"/> Housekeeping <input type="checkbox"/> Hazard Environment (gas/dust/fumes) <input type="checkbox"/> Noise Exposure <input type="checkbox"/> Temperature extremes <input type="checkbox"/> Improper illumination <input type="checkbox"/> Inadequate ventilation <input type="checkbox"/> Radiation exposure <input type="checkbox"/> Insufficient data <input type="checkbox"/>	<p>Other Contributing Factors</p> <p align="center">Personal Factors</p> <input type="checkbox"/> Inadequate physical capability <input type="checkbox"/> Lack of knowledge, skill <input type="checkbox"/> Stress, physical or mental <input type="checkbox"/> Improper motivation <input type="checkbox"/> Improper footwear <input type="checkbox"/> Improper Protective Equipment <input type="checkbox"/> Improper Clothing <input type="checkbox"/> <p align="center">Job Factors</p> <input type="checkbox"/> Inadequate supervision <input type="checkbox"/> Inadequate leadership <input type="checkbox"/> Inadequate purchasing <input type="checkbox"/> Inadequate maintenance <input type="checkbox"/> Inadequate work standards <input type="checkbox"/> Wear and tear <input type="checkbox"/> Abuse or misuse <input type="checkbox"/>
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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:

Participants at Investigation – Site Administrator conducts the investigation, but may include:				
	Name	Signature	Pictures Received	Date
Employee (*)			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Site Administrator			<input type="checkbox"/> Yes <input type="checkbox"/> No	
J.H. & S. Committee Member			<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:			<input type="checkbox"/> Yes <input type="checkbox"/> 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.

Completed form to be e-mailed to workplaceinjuryforms@sgdsb.on.ca within 2 school days

<input type="checkbox"/> Action taken	<input type="checkbox"/> No other action taken	Signature of Safety Coordinator	Date
Describe:			
To be filed in H.R. Dept., upon completion			

- c.c. Superintendent of Education
 SGDSB Joint Occupational Health & Safety Committee
 Other: