

**SUPERIOR-GREENSTONE DISTRICT SCHOOL BOARD**

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

To be completed by Employee within 2 school days of incident

<b>Name:</b> (Injured/Victim/Complainant)	<b>Reporting Date:</b>	<b>Incident Date:</b>	<b>Time of Incident</b> (approx):
<b>School:</b>			
<b>Location:</b> <input type="checkbox"/> Hallway <input type="checkbox"/> Classroom <input type="checkbox"/> Gym <input type="checkbox"/> Office <input type="checkbox"/> _____ <input type="checkbox"/> Outside School Property <input type="checkbox"/> Field <input type="checkbox"/> Parking Lot	Signature:		

**SECTION A: Assailant(s)** Check applicable description(s)

<input type="checkbox"/> Student	<input type="checkbox"/> Co-worker
<input type="checkbox"/> Student's Parent/Guardian	<input type="checkbox"/> Other (Specify):
<input type="checkbox"/> Visitor	

**SECTION B: Details on the Incident**

**Nature of the Incident:** (check all that apply)

VERBAL	EMOTIONAL	PHYSICAL			
<input type="checkbox"/> Abuse <input type="checkbox"/> Threat <input type="checkbox"/> Harassment	<input type="checkbox"/> Symptomatic Stress <input type="checkbox"/> Harassment	<input type="checkbox"/> Bite <input type="checkbox"/> Kick <input type="checkbox"/> Pushed <input type="checkbox"/> Lifting	<input type="checkbox"/> Punch <input type="checkbox"/> Spit <input type="checkbox"/> Ergonomics <input type="checkbox"/> Harassment	<input type="checkbox"/> Scratch <input type="checkbox"/> Slap <input type="checkbox"/> Slip, Trip or Fall	<input type="checkbox"/> Strain <input type="checkbox"/> Sport (gym) <input type="checkbox"/> Other: specify

**Injuries Sustained:** (check all that apply)

<input type="checkbox"/> Arm	<input type="checkbox"/> Face	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Chest	<input type="checkbox"/> Leg	<input type="checkbox"/> Other: specify
<input type="checkbox"/> Hand	<input type="checkbox"/> Head	<input type="checkbox"/> Neck	<input type="checkbox"/> Back	<input type="checkbox"/> Foot	

<b>Weapon Involved?</b>	<b>Police Notified?</b>	<b>Repeat Incident involving the same assailant(s)?</b>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, specify:

**Witness(s):**

**Additional Information:** (i.e. other individuals involved [names not required], location, mitigating factors, etc. – add page if necessary)

**SECTION C:**

Have the following forms been completed, if applicable?	<input type="checkbox"/> S17-004 Safe Schools Incident Report Form – Part 1
	<input type="checkbox"/> S18-001 Violent Incident Form
	<input type="checkbox"/> WSIB Functional Ability Form (FAF)
	<input type="checkbox"/> 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)**

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

Nature of the Incident					
<b>Environmental</b> (check all that apply)			<b>Safety</b> (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"/> Water	<input type="checkbox"/> Rain	<input type="checkbox"/> Other:		<input type="checkbox"/> First Aid	<input type="checkbox"/> Lost Time
			<input type="checkbox"/> Doctor Care	<input type="checkbox"/> Near Miss	<input type="checkbox"/> Property Damage
			<input type="checkbox"/> Other:		

Personal Injury (Actual / Potential)		
Job Title	Location	Time of Incident
<b><i>In incidences involving potential WSIB claims pictures must be taken.</i></b>		
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

Property Damage/Environment (Actual / Potential)	
Area/Room Number	Estimated Value of Property Damage
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)

---



---



---

Contributing Behaviours	Contributing Conditions	Other Contributing Factors
<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"/>	<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 style="text-align: center;"><b>Personal Factors</b></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 style="text-align: center;"><b>Job Factors</b></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"/>

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 faxed to Board Safety and Maintenance Coordinator (229-1471) within 2 school days			
<input type="checkbox"/> Action taken	<input type="checkbox"/> No other action taken	Signature of Safety Coordinator	Date
Describe:			
		<b>To be filed in H.R. Dept., upon completion</b>	

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