

**SCHOOL DISTRICT NO. 48 (HOWE SOUND)
EMPLOYEE INCIDENT/ACCIDENT REPORT**

SECTION A: EMPLOYEE INFORMATION (EMPLOYEE COMPLETES)

Surname: _____ Given Names: _____ Height: _____ Wt: _____ S.I.N. _____ Date of Birth: _____ / _____ / _____ <small>Year Month Day</small>	Date of Incident: _____ / _____ / _____ <small>Year Month Day</small> Time of Incident: _____ hrs Date Reported: _____ / _____ / _____ <small>Year Month Day</small> Time Reported: _____ hrs Reported To: _____	Facility Name: _____ Job Title: _____ Supervisor: _____ Scheduled Work Hours From: _____ hrs To: _____ hrs
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Mailing Address: _____ _____ Postal Code: _____ Home Phone: _____	Physician Seen: _____ Address: _____ Telephone: _____
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Status (4) <input type="radio"/> Regular Full-Time <input type="radio"/> Regular Part-Time <input type="radio"/> Casual/T.O.C.	*MUST BE COMPLETED*	
	Action Taken Following Incident: <input type="radio"/> Returned to Work <input type="radio"/> First Aid (Attendant to complete Form 7A) <input type="radio"/> Doctor Visit <input type="radio"/> Sent to Hospital <input type="radio"/> No Time Loss <input type="radio"/> Time Loss (missed next shift) <input type="radio"/> Time Off: _____ hrs	

SECTION B: DETAILS OF INCIDENT (EMPLOYEE COMPLETES)

Location of Incident (inside,outside,classroom,hall,etc.) _____

Witness(es) Name: _____

Witness(es) Name: _____

Description of Incident: _____

SECTION C: INJURY DATA (EMPLOYEE COMPLETES)

Injury Classification: <input type="radio"/> abrasion <input type="radio"/> infectious disease <input type="radio"/> allergic reaction <input type="radio"/> laceration <input type="radio"/> burn <input type="radio"/> puncture <input type="radio"/> concussion <input type="radio"/> respiratory condition <input type="radio"/> contusion <input type="radio"/> sprain <input type="radio"/> crush injury <input type="radio"/> sprain (back) <input type="radio"/> dermatitis <input type="radio"/> strain – repetitive <input type="radio"/> dislocation <input type="radio"/> no injury <input type="radio"/> exposure <input type="radio"/> other: _____ <input type="radio"/> exposure (chemical) _____ <input type="radio"/> foreign body _____ <input type="radio"/> fracture _____ <input type="radio"/> hearing loss _____	Body Part <input type="radio"/> head <input type="radio"/> fingers <input type="radio"/> face <input type="radio"/> chest <input type="radio"/> eyes <input type="radio"/> abdomen <input type="radio"/> ears <input type="radio"/> hips <input type="radio"/> neck <input type="radio"/> groin <input type="radio"/> shoulder/upper arm <input type="radio"/> leg <input type="radio"/> upper back <input type="radio"/> knees <input type="radio"/> lower back <input type="radio"/> ankle <input type="radio"/> elbow/forearm <input type="radio"/> foot <input type="radio"/> wrist <input type="radio"/> multiple <input type="radio"/> hands <input type="radio"/> none left: _____ right _____ other _____	If injury involves strain indicate activity: _____ _____ _____ _____ Was this a previous injury? <input type="radio"/> Yes <input type="radio"/> No If yes, Date _____
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SECTION D: ACCIDENT INVESTIGATION

(SUPERVISOR COMPLETES)

IMMEDIATE CAUSES:

Unsafe Act:

- communication lacking
- equipment/tool use improper
- help not obtained
- inattentive
- equipment defective
- insecure grip
- excessive noise
- load/object not secured
- loading/placement improper
- lockout procedure not followed
- personal protective equipment not worn
- repetitive strain/lengthy work in static position
- rules/procedures not followed
- rushing
- unsafe act by another person
- Other:

Unsafe Condition:

- aggressive act
- awkward position
- congestion
- limited space
- environment
- lifting improper
- workplace conduct
- housekeeping poor
- lighting inadequate
- maintenance inadequate
- personal protective equipment inadequate
- surface slippery/uneven
- ventilation inadequate
- vision obstructed
- temperature
- Other:

BASIC CAUSES

Contributing Factors:

- design, layout inadequate
- emergency task
- follow-up lacking
- hiring procedure
- job/skill training inadequate
- leadership inadequate
- mechanical lift required
- orientation inadequate
- planning inadequate
- poor equipment/tool design
- procedures/rule inadequate
- signage/labeling inadequate
- staffing inadequate
- storage/handling problem
- unexpected behavior
- other

Personal Factors:

- fatigue
- illness
- skill lacking
- experience lacking
- language difficulties
- medical condition
- personal distraction
- physically incapable
- pre-existing condition

other: _____

ACTIONS TO PREVENT RECURRENCE:

Corrective Actions: _____ Date: _____

	NAME (PLEASE PRINT)	SIGNATURE	DATE
EMPLOYEE:			
SUPERVISOR:			

Comments:
