**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**](mailto: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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