



## HRCE Incident Reporting Form

\* If you are completing this form electronically, please save form to a secure location, then close and re-open document before entering personal information

Check all that apply:	Hazardous Situation *Medical Aid	Incident *Lost time	Serious Injury	Workplace Violence Incident
<b>*A WCB Injury Report is required for non-NSTU members who may or will receive medical aid or lose time from work</b>				

### To be completed by reporting employee immediately after incident

Last Name:	First Name	Occupation	Yrs. Experience in Occupation
Full Address:			
School/Site		Date of Occurrence	Time of Occurrence
Detailed Location		Date Reported	
Describe what happened and describe injury. Attach a diagram, if helpful. If a workplace violence incident, describe the type of violence. Attach an additional page if necessary.			

### Part of Body Injured (Select "R", "L", or both, where applicable)

Head	Upper back	Elbow - R /L	Hip - R /L	Ankle/foot - R /L
Eye - R /L	Lower back	Wrist - R /L	Upper leg - R /L	Other _____
Neck	Upper Arm - R /L	Hand/fingers - R /L	Knee - R /L	
Shoulder - R /L	Lower Arm - R /L		Lower leg - R /L	

### Type of Incident (Select statements that best describe the incident)

Repetitive Strain	Slip/fall
Acute Strain (lifting, pulling, carrying)	Vehicle
Caught in/under/between	Employee action
Struck, contacted by/with/against	Cut/bruise
Exposure to _____	Other (explain) _____

Describe the nature of on-site first aid, if applicable. If a workplace violence incident, describe effects on employee (ie, first aid, police called, emotional harm, superficial physical harm ,etc):

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If this is a workplace violence incident, indicate the relationship of alleged offender(s) to reporting employee if any:

Co-Worker    Student    Parent    Public    Other: \_\_\_\_\_

Details: Attach an additional page if necessary

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To be completed by Principal/Supervisor upon investigation of incident		
<b>Witnesses: Attach witness statements if applicable (indicate if staff or visitor)</b>		
Name	Telephone	
Name	Telephone	
<b>Causes: Select all that are applicable</b>		
<b>Practices</b> Improper body position/posture Tasks not varied/micro breaks not taken Unnecessary rushing Improper lifting Unsafe loading/placement Using defective, altered or modified equipment Using equipment improperly Not using / improper use of personal protective equipment Not following appropriate procedures Inappropriate conduct Hazardous personal attire Other (explain): _____	<b>Conditions</b> Congestion or restricted action Poor housekeeping; disorderly workplace Slip/trip hazards Defective furniture, tools, equipment or materials Inadequate or excessive illumination Inadequate ventilation Excessive noise Inadequate or improper protective equipment Irrate client/employee action Adverse weather Other (explain): _____	
<b>Prevention/Corrective Action: Select all that are applicable (Mark with “c” if complete and “p” for pending)</b>		
Training/instruction of person involved Improve work procedures Inform staff/managers of safe work procedures Notify student services and appropriate specialists training Inform staff/managers of hazard and how to protect themselves Improve housekeeping Improve engineering/design replacement Improve inspection procedures	Request ergonomic assessment Request environmental assessment Correction of work area Recommend development/improvement in Reassess work standards Tools, equipment, furniture repair Other (describe): _____	
<b>Principal/Supervisor Actions (all four actions are required for workplace violence incidents)</b>		
Employee notified of actions taken to prevent or minimize reoccurrence Details of actions specified below:  Employee provided appropriate debriefing Workplace JOHS Committee notified (only) of nature of incident and preventative actions taken Employee advised to consult with a health care professional for treatment or counseling, and or EAP, if appropriate		
<b>Signatures: I declare that all information is a valid representation of the reported incident and actions taken</b>		
Signature (Principal/Supervisor)	Name (print)	Date (dd-mm-yyyy)
Signature (Reporting employee)	Name (print)	Date (dd-mm-yyyy)

Completed form should be sent by fax to 902-464-0135 or by email to incidents@hrce.ca and to your Supervisor/Manager