



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	Incident	Serious Injury	Workplace Violence Incident
	*Medical Aid		*Lost time	
*A WCB Injury Report is required for non-NSTU members who may or will receive medical aid or lose time from work				

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 5	/ Hip 5	/ Ankle/foot 5	/
Eye - R /L	Lower back	Wrist 5	/ Upper leg 5	/ Other _ B_____ B_	
Neck	Upper Arm 5	/ Hand/fingers 5	/ Knee 5	/	
Shoulder - R /L	Lower Arm 5	/	Lower leg 5	/	

Type of Incident (6 H O H F W 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):

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



To be completed by Principal/Supervisor upon investigation of incident		
Witnesses: Attach witness statements if applicable (indicate if staff or visitor)		
Name	Telephone	
Name	Telephone	
Causes: Select all that are applicable		
Practices 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): _____		Conditions 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): _____
Prevention/Corrective Action: Select all that are applicable (Mark with “c” if complete and “p” for pending)		
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): _____
Principal/Supervisor Actions (all four actions are required for workplace violence incidents)		
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		
Signatures: I declare that all information is a valid representation of the reported incident and actions taken		
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