Halifax
Regional Centre for Education

HRCE Incident Reporting Form

If you are completing this form electronically, please save form to a secure location, then close and reopen before entering 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

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**, also describe the type of violence:

Part of Body Injured (Indicate "R", "L", or "B", 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 (Check off (✓) statements that best describe the incident)

- ❑ Repetitive Strain
- ❑ Acute Strain (lifting, pulling, carrying)
- ❑ Caught in/under/between
- ❑ Struck, contacted by/with/against
- ❑ Exposure to _____
- ❑ Meets definition of Workplace Violence

___

- ❑ Slip/trip/fall
- ❑ Vehicle
- ❑ Employee action
- ❑ Cut/bruise
- ❑ 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:

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To be completed by Principal/Supervisor

Witnesses: Attach witness statements if applicable (indicate if staff or visitor)

Name	Telephone
Name	Telephone

Check 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 or plan
- ❑ Inappropriate conduct
- ❑ Hazardous personal attire
- ❑ Inattention to Task or Surroundings
- ❑ 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
- ❑ Irate client/employee action
- ❑ Adverse weather

❑ Other (explain):_____

Prevention/Corrective Action: Check 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 inspection procedures
- ❑ Improve engineering/design replacement
- ❑ Request ergonomic assessment
- ❑ Correction of work area
- ❑ Recommend development/improvement in
- ❑ Improve housekeeping
- ❑ Reassess work standards
- ❑ Tools, equipment, furniture repair
- ❑ Other (describe): _____

Principal/Supervisor Actions

If a workplace violence incident all four below **must** be actioned. Top two for all other incident types.
If a "Serious Injury" then open link, confirm, complete and submit.

❑ Employee notified of ***actions taken to prevent or minimize reoccurrence***, by who, and by when

Details:_____

_____

- ❑ JOHSC to be notified of at next scheduled meeting of the nature of incident(s) and preventative action(s), and
- ❑ Employee provided appropriate debriefing, and
- ❑ Employee advised to consult with a health care professional for treatment or counseling, and or EAP, if appropriate.

Signatures

Signature (Principal/Supervisor)	Name (print)	Date (dd-mm-yyyy)
Signature (Reporting employee)	Name (print)	Date (dd-mm-yyyy)

*Completed HRCE Incident Reporting Form may be PDF'd/scanned by email to incidents@hrce.ca or by fax to 902-464-0135.
**Your Supervisor/Manager should also receive a copy.