New Westminster Schools

Employee Incident Report

THIS FORM IS TO BE COMPLETED IMMEDIATELY FOLLOWING AN INCIDENT.

Report your injury or near miss incident immediately to your supervisor. Report your injury to WorkSafeBC by calling 1.888.967.5377 if you miss time from work due to injury and/or your injury required medical attention.

Submit a copy to the Health and Safety Manager at nalam@sd40.bc.ca and your supervisor (e.g., Principal, Vice Principal)

Incident Type and Classification	
Type: ☐ Near miss ☐ Minor injury (no external medical services or time loss) ☐ Major injury (external medical services and/or time loss) ☐ Other:	**Classification:** ☐ Slip/Trip or Fall ☐ Assault/Violence ☐ Bullying and Harassment ☐ Property damage ☐ Chemical or substance release ☐ Other:

Incident Description			
Date of Incident (dd/mm/yyyy)	Time of Incident	☐ am ☐ pm	Location of Incident

Date Reported to Supervisor	Time Reported to Supervisor	☐ am ☐ pm

Where did the incident occur? (Provide detailed description of where the incident occur.)
What was the incident? (Provide detailed description of the incident, including the sequence of events proceeding to the incident)
Statement of cause: List any unsafe conditions, acts, or procedure that in any manner contributes to the incident.

New Westminster Schools

This incident was reported to: ☐ Principal ☐ Vice Principal ☐ Supervisors ☐ First Aid Attendant ☐ Other:	Name of person reported to:
Is there a witness to the incident or someone to whom you mentioned your pain or discomfort? ☐ Yes ☐ No	
Witness Details	
Full Name	Job Title/Position
1.	
2.	
Injured Worker	
Full Name	**Job Title/Position**

Injury Description	
☐ Head	☐ Left elbow
☐ Face	☐ Right elbow
☐ Left shoulder	☐ Left wrist
☐ Right shoulder	☐ Right wrist
☐ Left eye	☐ Left hand
☐ Right eye	☐ Right hand
☐ Teeth	☐ Left finger
☐ Left arm	☐ Right finger
☐ Right arm	☐ Left forearm
☐ Neck	☐ Right forearm
☐ Chest	☐ Left hip
☐ Lungs	☐ Right hip
☐ Upper back	☐ Left thigh
☐ Lower back	☐ Right thigh
☐ Abdomen	☐ Left knee
☐ Pelvis	☐ Right knee
☐ Lower left leg	
☐ Lower right leg	
Have you hurt this area of your body before? ☐ Yes ☐ No	
Describe your injury (symptoms, appearances, parts of body, etc).	

Health Care Information		
Did you receive first aid at work? ☐ Yes ☐ No	Date of first aid (dd/mm/yyyy)	Name of first aid attendant
Did you receive medical care? ☐ Hospital ☐ Ambulance ☐ Physician ☐ None ☐Other		
Date of medical care (dd/mm/yyyy)		

New Westminster Schools

General Information	Yes	No
Did the incident occur on District premises or an authorized worksite?	☐	☐
Did the incident happen during the worker's normal shift?	☐	☐
Was the worker performing their regular duties at the time of the incident?	☐	☐
Were the worker's actions, at the time of injury, for the purpose of District business?	☐	☐