SUNRISE SCHOOL DIVISION

INCIDENT, INJURY or NEAR MISS REPORT

The Division will process this information with *Worker's Compensation Board* on behalf of the employee.

Part 1: Completed by Employee and/or Supervisor immediately following the incident
(in no case later than 24 hours after the Incident)

Name:	Date of incident: Time of incident: ☐am ☐pm
Occupation:	Date reported to Employer:
Location of incident/worksite:	Work missed due to incident? ☐Yes ☐ No Date and time left work: Has the worker returned to work? ☐Yes ☐No Date and time returned to work:

Type of Incident (check one):

☐ **No injury** – Property damage, equipment failure, vehicle incident, etc.

☐ **First Aid** – No outside medical treatment - Scratch, bruise, scrape, minor cut, minor sprain, etc.

☐ **Moderate** – Outside medical treatment – major sprain, torn ligaments, etc.

☐ **Serious** – Death/electrical contact/unconsciousness due to concussion/fracture/amputation/third degree burn/ permanent or temporary loss of sight/cut requiring medical attention/poisoning/fire/explosion/chemical spill/structural collapse

☐ **Violent:** the attempted or actual exercise of physical force against a person or any threatening statement or behavior that gives a person reasonable cause to believe that physical force will be used against that person.

☐ **Physical** ☐ **Verbal** ☐ **Written** **Student/person involved:**

Serious Incidents ONLY

Date Serious Incident reported to Manitoba Workplace Safety and Health (1-855-957-7233):

Complete incident investigation form. Date completed:

Investigation submitted to division office: ☐Yes ☐ No

Was first aid required? ☐Yes ☐ No

If yes, who administered?

Description of injury *(name body part injured – indicate right or left):*

Names of Witnesses/Statement attached? ☐Yes ☐No

Description of incident or near miss. What task was being performed? Attach pictures if possible.

If medical treatment was sought, list name of attending physician/hospital/clinic:

Part 2: Completed by Supervisor or Worker Representative

Basic Cause/Antecedent *(fully explain unsafe act, condition or personal factor that led to the incident)*:

Corrective Action and date implemented:

IEP/safety plan need to be updated? ☐Yes ☐No

Additional Comments or Observations:

Signature of Employee	Date	Worker Representative	Date
Supervisor	Date	Administrator	Date

Revised 2018

cc: school file, employee, Human Resources, WSH