

Incident Reporting Form 513-7

(Incidents are to be reported to Supervisor within 24 hrs; Forms are to be submitted to safety@gssd.ca)

Part A Employer Information

Good Spirit School Division No.204

Location:

Employee Information

Name:

Type of Employment: ☐ Full Time ☐ Part Time ☐ Casual ☐ Other

Contact Information:

Occupation at Time of Incident:

Part B Incident Information

Type of Claim ☐ First Aid ☐ Medical Aid ☐ Lost Time ☐ Near Miss ☐ Dangerous Occurrence ☐ Violence
(Check all that apply) ☐ Property Damage

Date of accident/injury (mm/dd/yy)

Time (a.m./p.m.)

Date Reported (mm/dd/yy)

Time (a.m./p.m.)

Reported to Supervisor? ☐ Yes ☐ No

Supervisor's Name:

Medical care required: ☐ Yes ☐ No ☐ Don't Know

If medical care provided, by whom? Medical Care Professional's Name:

Work time lost: ☐ Yes ☐ No

If yes, date of 1st full day lost:

If yes, expected date of return:

Were there any witnesses to the incident? ☐ Yes ☐ No

Witness(s) Name(s):

Witness(s) Name(s):

Incident / Physical Hazard / Psychosocial Hazard Description: State the sequence of events leading up to the incident, where it occurred, what was the activity, job or process being performed? Equipment being used? What type of Personal Protective Equipment (PPE) was used, if any? Were any hazardous products being used?

Describe the Outcome: harm /health effects/damage:

| Using the body map, describe any injuries: | Body Segment | Description of Injury |
|--|---------------------------|------------------------|
| | 1. Head or face | |
| | 2. Neck | |
| | 3. Right Shoulder | |
| | 4. Left Shoulder | |
| | 5. Right Elbow | |
| | 6. Left Elbow | |
| | 7. R. Wrist & Hand | |
| | 8. L. Wrist & Hand | |
| | 9. Abdomen | |
| | 10. Pelvic Region | |
| | 11. Back | |
| | 12. R. Knee & Thigh | |
| | 13. L. Knee & Thigh | |
| | 14. R. Foot & Ankle | |
| | 15. L. Foot & Ankle | |
| | 16. Other / Mental Health | |
| Please provide any other information you think is relevant: | | |
| Signature of Employee: | | Date: |
| Signature of Supervisor: | | Date: |
| Recommended Follow-Up: <input type="checkbox"/> OHC <input type="checkbox"/> Administrator/Supervisor <input type="checkbox"/> GSSD Steering Committee <input type="checkbox"/> Employee | | |
| | | |
| Reviewed at OHC Meeting: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Date: |
| Signature of Co-Chair: | | Signature of Co-Chair: |

REMINDER: Submit form to safety@gssd.ca