APPENDIX A-1 (AP 5-02)

DISTRICT SCHOOL BOARD OF NIAGARA

# EMPLOYEE INCIDENT OR FIRST AID REPORT

**(Employee only to use this form to report an incident, up to and including on-site first aid, not requiring health care from a medical professional and/or not resulting in lost time from work)**

**INSTRUCTIONS TO INJURED WORKER:**

- ☐ Should you seek medical attention and/or lose time from work after this report has been submitted, please fill out the Employee Accident Report (A-2), report the accident to your principal/supervisor and have him/her complete the principal/supervisor report (Appendix B).
- ☐ Complete form, sign, date and fax to WSIB Specialist, within 24hours of the accident - 905-641-9223.

**EMPLOYEE NAME:** _____ **HOME PHONE:** _____

**WORK LOCATION:** _____ **INCIDENT LOCATION:** _____

**JOB TITLE/POSITION:** _____ **DATE/TIME OF INCIDENT:** _____

**PLEASE DESCRIBE INJURY:** _____

**TYPE OF INJURY/ILLNESS (Please check all that apply):**

| | | |
|---|---|---|
| O Struck/Caught | O Fall | O Slip/Trip |
| O Overexertion | O Harmful Substances/Environment | O Motor Vehicle Accident |
| O Repetition | O Assault | O Fire/Explosion |
| O Other _____ | | |

**AREA OF INJURY (BODY PART) (Please check all that apply):**

O Head O Face O Eye(s) O Ear(s) O Teeth O Neck O Chest O Upper Back
O Lower Back O Abdomen O Pelvis O Other _____

**PLEASE INDICATE LEFT OR RIGHT:**

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Shoulder | O Left | O Right | Arm | O Left | O Right | Elbow | O Left | O Right |
| Forearm | O Left | O Right | Wrist | O Left | O Right | Hand | O Left | O Right |
| Finger(s) | O Left | O Right | Hip | O Left | O Right | Thigh | O Left | O Right |
| Knee | O Left | O Right | Lower Leg | O Left | O Right | Ankle | O Left | O Right |
| Foot | O Left | O Right | Toe(s) | O Left | O Right | | | |

**DESCRIBE** what happened and what you were doing at the time: _____

_____

_____

Was on-site **FIRST AID** required (bandage, icing, heat) O Yes O No

Was **PERSONAL PROTECTIVE EQUIPMENT** available? (Safety footwear, goggles, kevlar gloves) O Yes O No
Was it worn? O Yes O No

_____ _____

**EMPLOYEE'S SIGNATURE** **DATE**

**PLEASE COMPLETE & FAX WITHIN 24 HOURS OF INCIDENT TO 905-641-9223**