

WORKPLACE INCIDENT REPORT FORM
PRIVATE AND CONFIDENTIAL

SECTION ONE: EMPLOYEE INFORMATION

Name:	Affiliation:
Employee ID:	<input type="checkbox"/> Appropriate Superintendent of Education <input type="checkbox"/> ETFO <input type="checkbox"/> Site/School Administrator(s) <input type="checkbox"/> OSSTF <input type="checkbox"/> Support Staff <input type="checkbox"/> CUPE <input type="checkbox"/> Elementary Occasional <input type="checkbox"/> APSSP <input type="checkbox"/> Secondary Occasional <input type="checkbox"/> Other
Position:	
Work Location:	
Supervisor's Name:	Date Reported to Supervisor:

SECTION TWO: DETAILS OF INCIDENT

Site Name:	Site Phone:
Site Address:	Date and Time of Incident:
Personal Contact Information:	E-mail: _____
Home Phone: _____	Cell (Optional): _____

Assailant:

Co-worker Parent/Guardian Visitor Student Special Education Regular Education
 Other (specify) _____ Grade _____ Student Initials _____

Location of Incident:

Hallway Washroom Lab Library Yard Classroom
 Gym Stairs Parking Lot Shop Office Field Trip
 Other (specify) _____

Nature of Incident:

VERBAL: Abuse Threat **EMOTIONAL:** Symptomatic Stress
PHYSICAL: Bite Punch Kick Scratch Pinch Spit Slap
 Other (specify) _____

Injuries Sustained:

Arm Hand Face Head Shoulder Neck
 Chest Back Leg Foot
 Other (specify) _____

Weapon(s) Involved: No Yes If yes, specify _____

Repeat Incident involving the same Assailant: No Yes

If yes, was the previous incident(s) against the same person? _____

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Agencies Involved:	<input type="checkbox"/> Ambulance	<input type="checkbox"/> Doctor	<input type="checkbox"/> FACS	<input type="checkbox"/> Union	<input type="checkbox"/> None
Police - Badge # _____		Incident # _____			

Have the following forms been completed, if applicable?

- Physical Restraint Incident Report (AP 3-11)
- Violent- Major Incident Form (AP 3-04)
- Employee Accident Report (AP 5-02)
- Site/School Administrator(s)/Supervisor Incident Investigation Report (AP 5-02)
- Employee Incident or First Aid Report (AP 5-02)

Details of Incident (Please include what lead up to the incident/please use name initials of students):

SECTION THREE: SIGNATURE AND DISTRIBUTION

Please print name if someone other than the employee completed this form:

Signature:	Date:
Supervisor Signature:	Date:

PLEASE LEAVE A COPY ON SITE, AND SUBMIT A DUPLICATE FORM TO THE HEALTH & SAFETY DEPARTMENT WITHIN 48 HOURS.