



# Incident Report and Investigation

Form 4310-40A

Approved: 17-Jul-2015  
Date Amended: 21-Oct-2016

**REPORT SECTION:** To be completed by the employee and reported to immediate supervisor.

**PLEASE PRINT**

Name: \_\_\_\_\_ Worksite: \_\_\_\_\_

Position: \_\_\_\_\_ Employee #: \_\_\_\_\_ Date & Time of Incident: \_\_\_\_\_ at \_\_\_\_\_ am/pm

Date & Time Reported: \_\_\_\_\_ at \_\_\_\_\_ am/pm

Name of Witness(es): \_\_\_\_\_

**TYPE OF INCIDENT:**  Accident  Unsafe Condition  Air Quality  Physical Violence/Verbal Abuse  
 Vehicle  Injury  Property Damage  Hazardous Material

If incident is considered violence in workplace, supervisor advises Director, Human Resources and District Health and Safety Officer.

**INVOLVEMENT WITH:**  Student (Student #: \_\_\_\_\_)  Employee  Public  Special Needs  Other

Description or explanation of incident and events preceding the incident \_\_\_\_\_

**INJURY AND/OR DAMAGE DETAILS:**

If there was an injury or health concern, please describe: \_\_\_\_\_

- 1. Did the victim require FirstAid?  YES  NO  N/A
- 2. Did the victim require medical attention:  YES  NO  N/A
- 3. Did the victim require time off work:  YES  NO  N/A

**INVESTIGATION SECTION:** To be completed by the site based investigator(s).

Name(s) of investigator(s): \_\_\_\_\_ and \_\_\_\_\_ and \_\_\_\_\_

Signature(s) of investigator(s): \_\_\_\_\_ and \_\_\_\_\_ and \_\_\_\_\_

Date of Investigation: \_\_\_\_\_

Determination of Cause, including any unsafe conditions, acts or procedures: \_\_\_\_\_

Recommended corrective measures and action by specific date: \_\_\_\_\_

**Action By: Name and Date**

Attach Safety Plan and/or Behavioural Change Plan, if required.

Date form was completed: \_\_\_\_\_

Signature(s) of Investigator(s): \_\_\_\_\_ and \_\_\_\_\_ and \_\_\_\_\_

**Communication of Action Taken and Safety Plan and/or Behaviour Safety Plan**

Student File  IUOE 882B  At-risk Employee  Human Resources  Health and Safety Officer  PRDTU  Site Supervisor/Principal  
 Administration Notified  Parent/Guardian Notified  Staff informed

- 1. Report reviewed by local safety committee  YES  NO
- 2. Safety Procedure Required  YES  NO
- 3. Behavioural Change Plan Required  YES  NO
- 4. Police Notified  YES  NO

Name of Principal or Supervisor: \_\_\_\_\_

**Copy the completed report and provide a copy to the site-based health and safety committee.  
Send the original to the Health and Safety Officer, c/o the School Board Office**