

# Employee Accident/Incident Report

# Appendix A

FAX REPORT TO HUMAN RESOURCES AND ENVIRONMENTAL HEALTH AND SAFETY WITHIN 24 HOURS  
 FAX: 519-527-0608

School Name:		Type of Accident/Incident: <input type="checkbox"/> First aid only <input type="checkbox"/> Medical attention required <input type="checkbox"/> Critical injury <input type="checkbox"/> Lost time <input type="checkbox"/> Occupational illness <input type="checkbox"/> Incident, no injury <input type="checkbox"/> Property damage	
Individual's Name:			
Occupation:			
Date of the event:	Time of the event: a.m. p.m.		
Describe the incident, injury, body part(s) injured and <i>specify left or right and upper or lower</i> (i.e. Cut left index finger, strained lower back):		Did the employee have a previous similar injury? If yes, provide details and approximate date:	
Describe any equipment/object/property damaged, the nature of the damage and the estimated cost:			
Describe in detail all steps leading up to, during and following the event. Include details of the equipment, materials, other persons or environmental conditions involved; as well as sizes and weights:			
Where did the event occur? (i.e. Yard duty, Room 101)			
Name(s) of first aid attendant and/or any witnesses:			
Describe the first aid treatment given to the injured person:			
Did the employee seek medical attention? If known, provide the name and phone number of the attending doctor or health care facility:			
Will the employee lose time from work other than the day of the event? If known, provide the dates that he/she will be absent:			
Investigation completed Yes <input type="checkbox"/> In Progress <input type="checkbox"/>	Describe corrective action taken to prevent a recurrence immediately following the event:		
Employee's Signature:	Principal/Supervisor Signature		Date Received:
_____	_____		_____
Date/Time Reported to Employer: _____ a.m. _____ p.m.	Date: _____		(Admin Staff Only)