



Administration Incident Reporting and Accident Investigation Form SM: 224A

Injury/Near Miss and Incident Reporting Investigation Form

Work Related Injury and/or Near Miss Form

Section I – To be completed by EMPLOYEE and submitted immediately following incident.

Section II & III & IV – To be completed by EMPLOYEE and PRINCIPAL

Section V – To be completed by PRINCIPAL

If the employee is too injured to complete any of the sections, the Workplace Safety and Health Co-chair will be involved to help investigate the Incident.

Distribution

1. Before the end of the day fax copy of report to the Business office clerk for reporting to WCB (Payroll)
2. Keep original for continued follow-up to resolution and for final filing in staff file.

When preventive / corrective actions have been completed, signatures added and send report to: Park West Health and Safety Officer

WCB Reporting Requirements – all staff excluding teachers

Workers Compensation Board (WCB)

Employers must report any work related injury/illness that involves time loss from work and/or a need for medical attention to the WCB. Employers must report the incident within five (5) working days of the incident or within five (5) working days of when they first learn of the incident. WCB charges late fees for reports that are delayed longer than 5 days post-injury. Employers must ensure that the injured/ill worker is given a benefits package if the worker requires medical attention or misses time from work as a result of the work related injury/illness.

This applies to Support Staff only as Teachers are not covered by WCB

SERIOUS INCIDENT REPORT REQUIREMENTS – WHERE APPLICABLE

Manitoba Family Services and Labour - Workplace Safety and Health Division

Serious injuries must be reported to Manitoba Family Services and Labour at **945-0581** or toll free **(1-866-888-8186)**. The Workplace Safety and Health Division considers an accident to be serious if it results in serious injury (worker is killed, injury resulting from electrical contact, unconsciousness as the result of a concussion, a fracture of his or her skull, spine, pelvis, arm, leg, hand or foot, amputation of an arm, leg, hand, foot, finger or toe, third degree burns, permanent or temporary loss of sight, a cut or laceration that requires medical treatment at a hospital as defined in the health services insurance act, or asphyxiation or poisoning. The Safety Division also considers the event a serious incident if the event involves; the collapse or structural failure of a building, structure, crane, hoist, lift, temporary support system or excavation, an explosion, fire, or flood, an uncontrolled spill or escape of a hazardous substance, or the failure of an atmosphere-supplying respirator).

1. Reported to Provincial WS&H Division: Yes No (does not meet requirement).

2. If Yes: Name of Workplace Safety & Health Officer contacted: _____

Name of person who contacted WS&H Division: _____ Date: _____

3. Reported to the Co-chairs of Workplace Safety & Health Committee: Yes Date: _____

When to contact Police:

Any and all incidents involving personal safety, building security, loss of property, vandalism, thefts, frauds, violence, disturbances, threats and accidents; which occur on property, or directly impacts a worker providing service to a client in the community must be reported to Police.

WORK RELATED INJURY / NEAR MISS FORM

SECTION I: INJURY / NEAR MISS DETAILS:

To be completed by Employee * PLEASE PRINT CLEARLY *****

1. Last Name: _____ 2. First Name: _____

3. Gender: Male Female 4. Employee #: _____

5. Phone-work: _____ 6. Phone-home: _____

7. Job Title: _____

8. School/Department: _____

9. Principal/Supervisor: _____ 10. Phone: _____

11. Date of Incident: _____ 12. Time of Incident: _____

13. Date Reported: _____ 14. Time Reported: _____

Reported to in-charge person (name): _____ Job Title: _____

Description of how injury/near miss occurred: Please give a detailed description of how the incident occurred. *PLEASE PRINT CLEARLY*****

Activity: What was your task or duty at the time the injury/near miss occurred (eg, walking, carrying, etc)?

Was the task or duty being performed at the time the injury/near miss occurred a task or duty that you regularly perform?

No Yes

Location: Where did the injury/near miss occur (specify)

Specify school	Room Name	Floor	Location specifics: (e.g. South side between room A1 and A2)	Area: (e.g. Lab/Workshop)
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When the following occurred: *Detail Description of Incident.*

Witness: no yes Name of Witness: _____

SECTION III: CORRECTIVE MEASURE PLAN OF ACTION. To be completed by the Workplace Safety and Health Representative or Co-Chair, Employee, and Principal to work together and determine a suggested preventive/corrective action.

<i>Corrective Action</i>	<i>Provide details of suggested corrective action</i>
<input type="checkbox"/> Consult with Safety and Health	
<input type="checkbox"/> Repair/Replace Equipment	
<input type="checkbox"/> Employee Training/Education	
<input type="checkbox"/> Revise Procedures (includes PPE)	
<input type="checkbox"/> Implement Good Housekeeping Principles	
<input type="checkbox"/> Improve Design	
<input type="checkbox"/> Install guards, safety devices, signage	
<input type="checkbox"/> Other	

SECTION IV: To be completed by Principal

Comments / Discussion / Notes

Signature of Principal: _____	Date: _____

SECTION V: COMPLETED PLAN OF ACTION

To be completed by Principal when preventive/corrective measures have been implemented and completed. If more space is required, please attach another page.

Corrective Action 1

Target Date: _____	Person Assigned: _____	Date Completed: _____	Supervisor Initial: _____

Corrective Action 2

Target Date: _____	Person Assigned: _____	Date Completed: _____	Supervisor Initial: _____

Corrective Action 3

Target Date: _____	Person Assigned: _____	Date Completed: _____	Supervisor Initial: _____

Corrective Action 4

Target Date:

Person Assigned:

Date Completed:

Supervisor Initial

COMMUNICATION OF CONTROL MEASURES/PROCEDURES TO EMPLOYEES

All control measures and procedures which have been implemented have been communicated to employees.

Date:

By: