WESTERN School Division
Morden, Manitoba
"Rooted In Caring; Committed to Learning"

Workplace Safety and Health

EMPLOYEE INCIDENT REPORT

Part A – Notice to Employer

Workplace incidents must be reported immediately

REPORT SUBMITTED BY

First Name: _____ Last Name: _____

Work Location: _____ Position: _____

INCIDENT INFORMATION

Type of Incident ☐ Near Miss ☐ Employee Injury ☐ Property Damage ☐ Violent Incident

Date of Incident: _____ Time of Incident: _____
MMMM-DD-YYYY h:mm am/pm

Location of Incident: _____
School/Site **and** Location on Site/Room

Name of Affected Person: _____ ☐ Employee ☐ Volunteer

Incident Details:

List any personal protective equipment worn:

Please answer the following:	Yes	No	N/A		Yes	No	N/A
Were safe work procedure followed?	☐	☐	☐	Was injury totally related to activity during working hours?	☐	☐	☐
Were good housekeeping practices followed?	☐	☐	☐	Is there a behaviour plan in place?	☐	☐	☐
Was equipment in good working order?	☐	☐	☐	If so, was the plan followed?	☐	☐	☐

WITNESS INFORMATION (if applicable)

Name of witness(es) _____ Work location: _____

Observations & Comments

WESTERN School Division
Morden, Manitoba
"Rooted In Caring; Committed to Learning"

Workplace Safety and Health

EMPLOYEE INCIDENT REPORT

Part A – Notice to Employer

***INJURY INFORMATION** (to be completed by the affected employee)*

Was First Aid administered? ☐ No ☐ Yes Name of First Aider: _____
Describe the Exact Nature and Type of Injury
Was further medical treatment required: ☐ No ☐ Yes, treated by _____ When was treatment received _____ Where: _____ Type of treatment received:
Duration of **Time Off Work** required, due to the injury? *If yes, a Medical Note may be required* _____ What was the last day and hour worked following incident? _____ MMMM-DD-YYYY h:mm AM/PM

*If the injury requires healthcare attention or time off work, you must **also complete** the*
Workers Compensation Board of Manitoba's (WCB) Incident Report, Phone: toll free 1-855-954-4321
Fax: toll free: 1-877-872-3804 *(This is not applicable to persons within the MTS bargaining unit.)*

HELP PREVENT RECURRENCE

What do you consider the cause of the incident?
How could this incident have been prevented?
What steps should be taken to prevent recurrence?

Employee/Volunteer: _____ _____ _____
Print Signature Date

Date Reported to Supervisor: _____ _____
Date Supervisor's Signature

Route this form to Human Resources within 24 hours of incident

WESTERN School Division
Morden, Manitoba
"Rooted In Caring; Committed to Learning"

Workplace Safety and Health

EMPLOYEE INCIDENT REPORT

Part B – Supervisor/Administrator's Follow-Up

INCIDENT FOLLOW-UP

What immediate action was taken by the Employer?
Describe the direct and indirect causes of the incident? (attached photographs of scene)

FURTHER FOLLOW-UP, IF STUDENT RELATED *Check all that apply*

- ☐ Debriefed with Employee *(date & time)*
- ☐ Parental Involvement
- ☐ Alternative Learning Environment
- ☐ School Student Support Team Involved
- ☐ Divisional Student Support Team Involved
- ☐ Additional Training / PD* *(specify)*

_____

- ☐ Review of Strategies
- ☐ Review of:
  - ☐ Behaviour Improvement Plan
  - ☐ Individualized Education Plan
  - ☐ Safety Plan
- ☐ _____

_____

FURTHER FOLLOW-UP

Debriefed with Employee *(date & time)*	Additional Training / PD* *(specify)*
Corrective Action Taken: *(details, date & time)*	

Supervisor: _____ (Print) _____ (Signature) _____ (Date)

Route this form to Human Resources

HR Use Only	☐ Original to HR File	☐ Payroll	☐ Personnel File	☐ WS&H	☐Supervisor

Workplace Safety and Health

EMPLOYEE INCIDENT REPORT

General Guidelines

EMPLOYEE'S RESPONSIBILITY

- Always speak directly to your Supervisor/Administrator, without undue delay, in person or by telephone to inform them of your workplace injury or safety/health incident.
- Document the incident – complete the Employee Incident Report form and forward to your supervisor
- Report future medical attention from a physician, required as a result of an incident to your Administer/Supervisor as soon as possible.
- Report time loss from work, due to injury, to Administrator/ Supervisor as soon as possible.
- If the injury requires healthcare attention or time off work, you must also complete the Workers Compensation Board of Manitoba's (WCB) Incident Report,
  Phone: toll free 1-855-954-4321 or Fax: toll free: 1-877-872-3804
  https://www.securewcb.mb.ca/iwfr/initialreport?execution=e1s1

  Reporting to WCB is <u>not</u> applicable to persons within the MTS bargaining unit.

ADMINISTRATOR'S / SUPERVISOR'S RESPONSIBILITY

- Immediately contact the Western School Division Workplace Safety and Health Coordinator, Roger Worms, at: 204-362-4029 ***if it is a serious incident****
- Ensure completeness of documentation on Employee Incident Report and assist Employee forward completed form to Human Resources within 24 hours
- Document follow-up as required and forward to Human Resources upon completion of follow-up
- Immediately report any new information regarding medical attention or time loss from work due to injury to Human Resources

***Report a Serious Incident**

https://www.gov.mb.ca/labour/safety/rep_serious_act.html

The Workplace Safety and Health Regulation defines a serious incident as one:

- in which a worker is killed;
- in which a worker suffers
  - an 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; or
- that 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.