Incident Reporting Form 513-7

(Incidents are to be reported to Supervisor within 24 hrs; Forms are to be submitted to safety@gssd.ca)

Part A Employer Information

Good Spirit School Division No.204	Location:

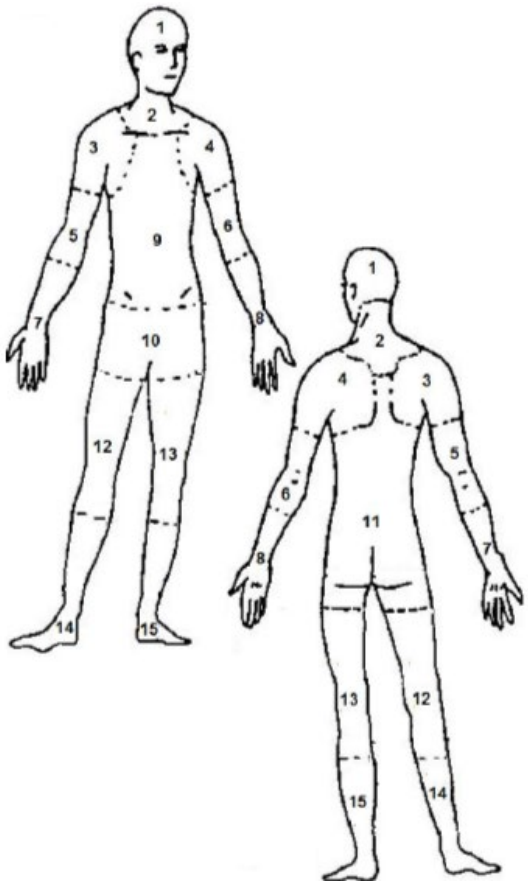
Employee Information

Name:	
Type of Employment:	☐ Full Time ☐ Part Time ☐ Casual ☐ Other
Contact Information:	
Occupation at Time of Incident:	

Part B Incident Information

Type of Claim (Check all that apply) ☐ First Aid ☐ Medical Aid ☐ Lost Time ☐ Near Miss ☐ Dangerous Occurrence ☐ Violence ☐ Property Damage			
Date of accident/injury (mm/dd/yy)	Time (a.m./p.m.)	Date Reported (mm/dd/yy)	Time (a.m./p.m.)
Reported to Supervisor? ☐ Yes ☐ No		Supervisor's Name:	
Medical care required: ☐ Yes ☐ No ☐ Don't Know			
If health care provided, by whom? Health Care Professional's Name:			
Work time lost: ☐ Yes ☐ No			
If yes, date of 1st full day lost:		If yes, expected date of return:	
Were there any witnesses to the incident? ☐ Yes ☐ No			
Witness(s) Name(s):		Witness(s) Name(s):	

Incident / Physical Hazard / Psychosocial Hazard Description: State the sequence of events leading up to the incident, where it occurred, what was the activity, job or process being performed? Equipment being used? What type of Personal Protective Equipment (PPE) was used, if any? Were any hazardous products being used?
Describe the Outcome: harm /health effects/damage:

Using the body map, describe any injuries:	Body Segment	Description of Injury
	1. Head or face	
	2. Neck	
	3. Right Shoulder	
	4. Left Shoulder	
	5. Right Elbow	
	6. Left Elbow	
	7. R. Wrist & Hand	
	8. L. Wrist & Hand	
	9. Abdomen	
	10. Pelvic Region	
	11. Back	
	12. R. Knee & Thigh	
	13. L. Knee & Thigh	
	14. R. Foot & Ankle	
	15. L. Foot & Ankle	
	16. Other / Mental Health	

Please provide any other information you think is relevant:	
Signature of Employee:	Date:
Signature of Supervisor:	Date:
OHC Recommendations:	
Reviewed at OHC Meeting: ☐ Yes ☐ No	Date:

Signature of Co-Chair:	Signature of Co-Chair:

REMINDER: Submit form to safety@gssd.ca