



Limestone District School Board
LDSB Postal Bag 610, 220 Portsmouth Avenue, Kingston, ON K7M 4X4

Employee Accident / Incident / Exposure Reporting Form

PART A: To be completed by the injured person:

Hazard Type/Result: Near Miss Medical Aid Date of Accident / Incident
First Aid Lost Time Time of Accident / Incident

School Name Department
First Name Last Name
Occupation Board ID #
Employee Address Postal Code
Telephone Number Date of Birth

Nature of Injury Type of Incident:

Body Part Injured:
Body Part L/R/Both
Body Part L/R/Both
Body Part L/R/Both

In your own words, describe what you were doing prior to the incident.

Three horizontal lines for describing the incident.

Describe how the incident/event occurred (include items that may have contributed).

Three horizontal lines for describing the incident.

Where exactly did the incident/event occur (be specific)?

Two horizontal lines for location details.

Witness to event: Name of Person: Contact:
Name of Person: Contact:

Complete if first aid was administered: Date: By whom:

If medical attention was sought: Name of Physician: Address:

Name of person receiving report:

Workplace violence:

OHSA defines "workplace violence" means the exercise of physical force by a person against a worker, in a workplace, that causes or could cause physical injury to the worker; an attempt to exercise physical force against a worker, in a workplace, that could cause physical injury to the worker; a statement or behaviour that it is reasonable for a worker to interpret as a threat to exercise physical force against the worker, in a workplace, that could cause physical injury to the worker.

Signature

- Step 1: Part A to be completed by the injured person
Step 2: Injured person to print and sign part A then submit to be faxed or emailed to the H&S Coordinator within 12 hours of the occurrence.
Step 3: Part B to be completed by the immediate supervisor
Step 4: Fax or email Part A and Part B when completed to the H&S Coordinator (Fax 613-544-8569)

**PART B: To be completed by the Immediate Supervisor of the injured person:**

Date of Reported Accident / Incident to Immediate Supervisor: \_\_\_\_\_

Time of Reported Accident / Incident to Immediate Supervisor: \_\_\_\_\_

What caused the incident?

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Describe acts, failure to act, and any conditions that contributed most directly to the accident/incident

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What action(s) has or will be taken to prevent a recurrence?

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What training did the employee have for the task under investigation?

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Recommendations for future training and/or prevention strategies to be implemented by immediate supervisor.

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As the immediate supervisor, I have:

Investigated the incident to the best of my abilities; and/or

Offered modified work (where possible) to have the employee return to the school

As a result of this incident:

Employee returned to regular duties; or

**Immediate supervisor offered modified duties and employee returned to modified work; or**

Other (please explain):

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*NOTE: Immediate supervisor must notify the Health and Safety Coordinator*

*The immediate supervisor (or designate) must notify immediately the Health and Safety Coordinator (by telephone or email) when you are aware that the person is/will be absent due to the workplace injury, or has sought medical attention.*

 Signature of immediate supervisor: \_\_\_\_\_

**When complete, please fax or email BOTH Part A and Part B to the Health & Safety Coordinator**  
FAX 613-544-8569