



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

**Fax to ETFO:
 613-634-8165**

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.

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

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

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)

Print