



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.

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: OHS 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?

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

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

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

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

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):

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