

Accident / Incident Reporting and Investigation

<i>Overview</i>	12.1
Reporting and Investigation Flowchart.....	12.1
<i>Legislative Requirements</i>	12.3
Reporting and Investigation.....	12.4
<i>Guidelines for Meeting Legislative Requirements</i>	12.4
Bird's Safety Triangle.....	12.5
Reporting of Accidents, Incidents, Occupational Illnesses and Hazards.....	12.4
Worker's Compensation Board (WCB).....	12.6
Who is Covered and Who is Not?.....	12.7
What Injuries Must be Reported?.....	12.7
What Reports are Required and What is the Process?.....	12.7
What Obligations do Contractors Have?.....	12.8
Occupational Health & Safety (OH&S).....	12.9
What Reports are Required and What is the Process?.....	12.9
Investigation of Accident/Incident/Hazard	12.10
Coding of Accidents, Incidents and Hazards.....	12.11
When Should an Investigation Occur?.....	12.13
The Six Step Investigation Process.....	12.14
Investigation Kit.....	12.19
<i>Training Requirements</i>	12.20
<i>Implementation Process</i>	12.20
Getting Started.....	12.20
Ongoing Activities.....	12.20
<i>Appendix I</i>	12.22

Table 1 - Accident Investigation.....	12.22
Table 2.1 - Incident (Event) Investigation.....	12.23
Table 2.2 – Incident (Personal Behaviour) Investigation.....	12.24
Table 3 – Hazard Investigation.....	12.25
Reporting and Investigation Flow Chart.....	12.26
Forms.....	12.27
Accident / Injury / Illness Report Form (Student).....	12.28
Accident / Injury / Illness Report Form (Employee).....	12.32
Accident / Injury / Illness Report Form (Contractor, Volunteer, Parent or Visitor).....	12.36
Accident / Incident Investigation Report.....	12.40
Hazard Report Tracking Form.....	12.42
Hazard Report Form.....	12.43
Incident Report (Non-Injury) Form.....	12.46
Motor Vehicle Damage Accident Report.....	12.49
Property Loss / Damage Report.....	12.53
WCB Worker’s Report of Injury or Occupational Disease Form.....	12.56

Accident / Incident Reporting and Investigation

Overview

Understanding accident/incident reporting and investigation begins with knowing the legislative requirements for reporting Workers' Compensation Board (WCB) and Occupational Health and Safety (OH&S) situations. It also involves recognizing that there are many overlaps between the legislative requirements, Division requirements, insurance policy requirements, and the expectations of the general public or other stakeholder groups. This makes the reporting process confusing at times. It also means individual situations could trigger multiple reporting requirements depending on the circumstance. Furthermore, once a report is initiated, there could also be varying investigative requirements depending on the severity or impact of the accident or incident.

An essential element in meeting reporting and investigation requirements is to understand the terminology. The Division differentiates between *accidents*, *incidents* and *hazards* (near-misses). Each has its own rationale for existing as a separate category and each has its own reporting protocol. A summary of the reporting protocol is included in the Reporting and Investigation Flow Chart at the end of Appendix I. It is also important to understand how to appropriately code the “severity” of accidents, the “impact” of incidents, and the “classification” of hazards for the reporting process. Correct use of these codes or classifications helps to determine the investigation requirements.

It is also crucial to treat “employees”, “students”, “volunteers”, “visitors”, “contractors”, and “other third parties” as separate groupings for reporting requirements. This helps to separate the legislated reporting requirements from the Division reporting requirements. As an example, there are few **legislated** reporting requirements for student accidents or incidents but there is an obvious need for the Division to require reporting in these situations to address liability, discipline and safety issues.

The Division has its own reporting requirements (see Administrative Procedure 161 Appendix B – *Accident Incident Reporting*, and the *Risk Management Manual Section 15-Procedures for Reporting Accidents/Incidents*) for all accidents/incidents that affect employees, students, volunteers, visitors, contractor employees or other third parties.

SchoolWorks is to be used to report **all** accident/incident situations, including those that may require separate WCB and OH&S reports and/or investigations. The intent of the system is to provide a “one-stop” reporting tool and to guide principals and/or non-school based department heads through the necessary steps to ensure accidents/incidents are reported in an appropriate and timely fashion. **Note that SchoolWorks is a reporting tool, and is not intended to replace telephone communications, with Division Senior Management.**

An **accident** is:

- any event, in school or Division buildings, on school grounds, or at off-site locations for school/Division activities, **which results in personal injury** to employees, students, volunteers, visitors, contractor employees.

An **incident** includes:

- Events (e.g., evacuation, lockdown, media involvement) or
- Personal behaviour issues (e.g., assaults, threats, allegations of wrong-doing, missing person, abuse/neglect, weapons) of a serious nature or **with the potential to cause injury**. Incidents are situations that occur on Division property or during school/Division activities off-site and which involve or affect employees, students, volunteers, visitors, contractor employees.

An **occupational illness** is:

- A condition that results from exposure in a workplace to a physical, chemical or biological agent to the extent that the normal physiological mechanisms are affected and the health of the worker is impaired, and includes an occupational disease.
- Normally develops over a period of time and the diagnosis of an occupational illness should be made by a qualified physician.

A **hazard (near-miss)** includes factors that **contribute to**:

- Harm to an individual or others.
- Damage to property.
- A release into or harm to the environment.

These *potential accidents/incidents or near-misses* are reported through the use of the *Hazard Report or Hazard Report Tracking Forms* (see Forms at the end of this section) as a proactive means of improving safety awareness and of tracking potential accident/incident trends. Hazard (near-miss) reporting is an essential part of any safety program as it helps in the prevention of future accidents/incidents. It is a requirement of the OH&S legislation that hazards (near-misses) be reported and investigated.

Regular reporting of accidents, incidents and hazards is a key factor in injury reduction and prevention. When accidents/incidents are analyzed, cause factors (e.g., organizational procedures, policies and lack of safety training) are identified. Actions can then be taken to reduce the risk of re-occurrence.

When an accident/incident occurs, the first concern should be for those injured and then the focus can shift to the investigation. Accident/incident investigation involves systematic examination of all undesired events that did, or could, result in physical harm to individuals or damage to property. Investigation activities are directed toward identifying the facts and circumstances related to the event, determining the causes and developing an action plan to control the risks.

For many employees, the term *investigation* may have negative connotations. This may be because employers have **traditionally** attributed worksite accidents to the unsafe acts of employees, or to unsafe conditions resulting from the acts or omissions of employees. Consequently, employees were blamed when

accidents occurred. Current research shows that most accidents are caused by a multiplicity of factors including, but not limited to, lack of training, failure to identify hazards, breakdowns in supervision, and/or possibly even poor purchasing decisions.

It is important to realize that the whole process of accident/incident investigation will fail to uncover real, underlying causes unless all employees are comfortable in the knowledge that **the purpose of the investigation is to attempt to learn lessons and ensure that the same mistakes are not repeated**. It requires the cooperation of all parties in the worksite to consistently report and thoroughly investigate accidents/incidents. *The objective is to create the safest environment possible at all Division worksites.*

Legislative Requirements

The employer has reporting and investigation requirements under the following provincial legislation:

- *Alberta Workers' Compensation Act.*
- *Alberta Occupational Health and Safety Act, Regulation and Code.*

The Division (as the employer) also has other requirements for accident/incident reporting to meet safety, discipline and liability obligations. Principals, non-school based department heads and employees are responsible for knowing:

- The legislated reporting requirements.
- The Division reporting requirements.
- Who is covered by legislation and who is not.
- What reporting process should be used.
- When an investigation is required and to what degree.
- Why accident/incident reporting is necessary.

Reporting and Investigation

Accident/incident reporting and investigation is judged from a *prevention of severity and reduction in frequency* standard. In other words, if there are fewer accidents/incidents and they are less severe, the reporting and investigation process is working.

The questions a government inspector might ask are:

- Can it be shown that all accidents/incidents are: being recorded at the worksite (along with injury treatment information), reported in an appropriate manner, and that there is a plan in place to investigate all serious accidents/incidents?
- Can it be shown that all serious worker injuries and accidents/incidents have been reported to Alberta Workplace Health and Safety and/or Workers' Compensation (see Appendix I)?
- Are the root causes of an accident/incident being determined and are measures being put in place to prevent re-occurrence of this particular accident/incident?
- Have written records been kept for all accidents/incidents?
- Are principals and/or non-school based department heads obtaining all required information for employee WCB claims and submitting it as required?
- Are hazards (near-misses) being identified, reported and addressed?

If the answers to the above questions are YES, then there is compliance.

Principals and non-school based department heads demonstrate compliance by ensuring:

- Employees know which accidents/incidents and hazards are to be reported and their obligation to report.
- Employees know the accidents/incidents and hazards reporting process.
- Employees know when accidents/incidents will be investigated (see Table 1 in Appendix I).
- Correct reporting forms are available (refer to *Forms* at the end of this section).

After orientation and appropriate training, employees *must* know that the appropriate response to an accident/incident is to:

- Obtain medical aid or treatment for the injured individual.
- Report all accident/incident details and/or injury treatment provided.
- Complete all applicable forms and reports and assist with the investigation.

Guidelines for Meeting Legislative Requirements

Accident/incident reporting and investigation guidelines are based on current legislation, administrative procedure, and accepted practices.

Reporting Accidents/Incidents and Hazards

Electronic Accident/Incident Reporting System (SchoolWorks)

The Division has developed a one-stop reporting system for all types of accidents/incidents, hazards and property damage claims. The system used is called SchoolWorks and is designed to simplify Division reporting procedures and ensure legislative requirements are met. Whether or not the accident/incident involves an employee injury, a student injury or various non-injury situations (e.g., hazard reports, vandalism, automobile damage), the system is designed to identify the type of report being made and direct the user to the appropriate forms.

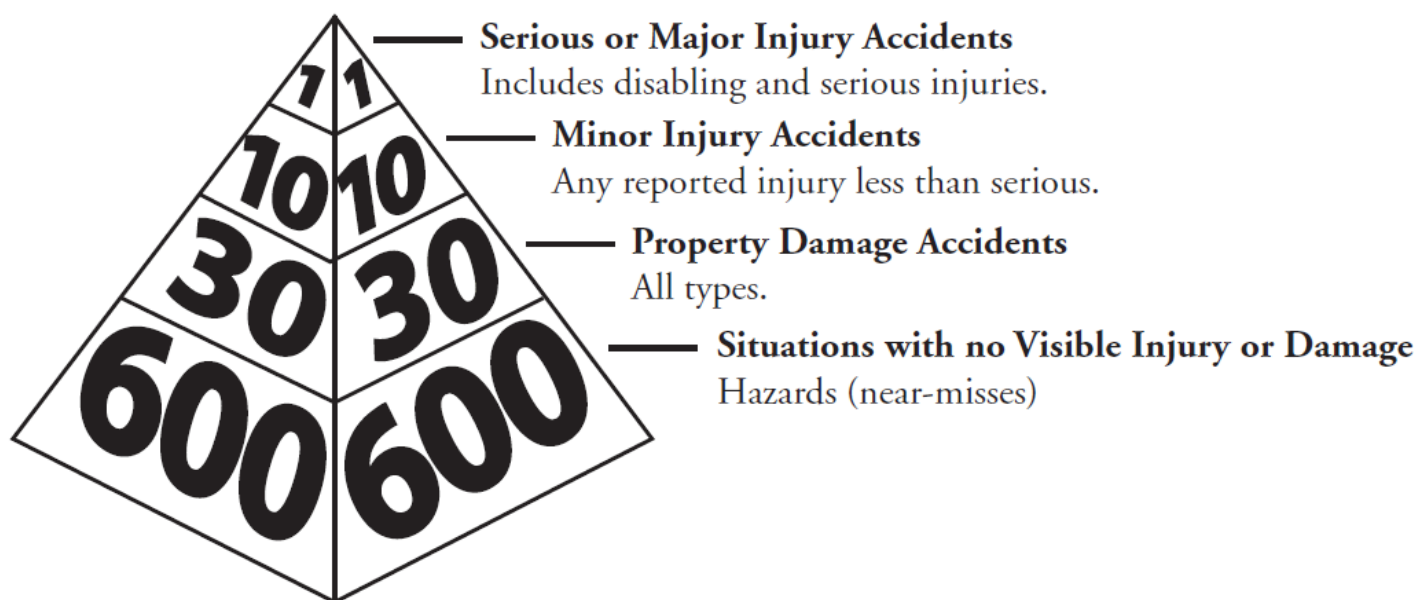
HFCRD's *Accident Report Forms* are the basic format for accident reporting. Within SchoolWorks, there are variations of this form covering employees, students, volunteers, visitors, contractor employees. There are also *Hazard Report Forms*, (see Forms at the end of this section) which are used to identify specific hazards. The *Hazard Report Tracking Form* is used to quickly identify and correct small hazards identified at the school level; whereas the *Hazard Report Form* is used to report grander near-miss situations that require further investigation and/or cannot be easily corrected at the school level.

The principal or non-school based department head *must ensure* that an *Accident Report Form* is completed ***within the employee's same shift*** of an accident. **Each worksite must have a designated employee(s) to enter all accidents/incidents and other reports into SchoolWorks.** Note that when a first-aider administers treatment, regardless of other reporting requirements, it is essential that a record of that treatment is entered into SchoolWorks.

Why is it Important to Report all Accidents/Incidents and Hazards?

Statistical analysis of several thousand accidents has indicated a clear relationship between accidents and the unsafe acts and conditions that caused them. Frank Bird, an American safety researcher, discovered that for every serious workplace accident there were likely to be 10 reported minor injuries which required only first aid and up to 600 near misses. Bird's findings are shown in the pyramid diagram below.

Bird's Safety Triangle



What is the significance of this relationship?

If there are fewer unsafe acts and conditions, there will be fewer accidents. Statistical studies have also shown that unsafe acts are nine times more prevalent than unsafe conditions. An accident/incident reporting system that ignores unsafe acts will address only 10% of all near-miss situations. This is why it is so important to identify unsafe acts and conditions **before** they cause accidents, when there is still time to correct them. It is critical that this issue is addressed regularly at employee meetings and that reporting of unsafe acts and conditions be encouraged on an on-going basis. A good hazard (near-miss) reporting system and accident/incident investigation program can help to prevent injury accidents. The analysis of evidence from the reports can identify emerging trends and facilitate the implementation of preventative measures.

The SchoolWorks program allows for analysis of accident/incident and hazard (near-miss) data. It also allows for identification of the more serious situations and provides direction for additional investigation, where required. Not all accidents/incidents require a full investigation.

NOTE: Certain categories of accidents/incidents will require more attention than others due to a variety of factors, including severity of the accident, legislative requirements (OH&S or WCB for workers), insurance requirements, media attention, and legal implications (e.g., threats of lawsuits).

Principals and non-school based department heads should refer to Table 1 in Appendix I for additional information and direction on investigations (when, how, etc.).

A *Hazard Report Form* that must be used by employees to report significant near-miss situations (see Forms at the end of this section) can be found in the SchoolWorks program and also in hard-copy form at the end of this section. A *Hazard Report Tracking Form* that must be used by employees to report smaller scale near-miss situations (see Forms at the end of this section) can be found in hard-copy form at the end of this section.

Ongoing review of Hazard Reports and Accident/Incident Reports will assist the principal or non-school based department head in identifying trends and taking action to prevent future accidents. Once sufficient information is entered into the SchoolWorks program, the Director of Business and Operations will also be reviewing data to identify trends and will notify schools or departments as necessary.

Workers' Compensation Board (WCB)

Under the *Alberta Workers' Compensation Act*, an employee who is injured, regardless of who is at fault, is entitled to benefits. In return, the injured employee (and their beneficiaries) gives up their right to sue their employer for damages. Injuries to employees, students, volunteers, contractor employees require reports to WCB. The *Alberta Workers' Compensation Act* requires both the employer and the injured worker to report accidents when workers experience certain types of injuries (see "What injuries must be reported?").

1. Who is Covered and Who is Not?

Workers' Compensation covers the following groups of individuals:

- Support staff
- Caretakers
- Exempt staff
- Volunteers
- Administrators (including Superintendents, Assistant-Superintendents, Directors, Principals, Vice-Principals, Assistant-Principals, Supervisors and Consultants - all while doing administrative duties only)
- CTF/CTS teachers (listed in the WCB Act as industrial arts and home economics teachers)
- Counsellors (only while they are performing counselling duties)

Note: Most teachers are **not** covered (exempted) by WCB due to legislation

2. What Injuries Must be Reported?

Accidents that are reportable to WCB are those that result in:

- The need for medical treatment, beyond first aid, such as assessment by a physician, physiotherapist, chiropractor, etc.

- Lost time beyond the date of accident.
- The need to temporarily or permanently modify work beyond the date of accident.
- Death or permanent disability.
- Disabling or potentially disabling disease or condition caused by occupational exposure or activity.
- The worker incurring medical aid expenses such as dental treatment, prescriptions, eyeglass repair, etc.

Division practice is to report all employee accidents through the SchoolWorks program. The Director of Business and Operations will determine those circumstances that require filing of WCB employer reports.

All employees must be aware of their responsibility to expeditiously report all injury accidents to their immediate supervisor. Supervisors must ensure the principals or non-school based department heads are aware of the reports. Principals or non-school based department heads are accountable to ensure appropriate reports are submitted in all cases.

3. What Reports are Required and What is the Process?

When an accident occurs, the principal or non-school based department head must ensure that an *Accident Report Form* is completed and submitted using the Electronic Accident/Incident Reporting System (SCHOOLWORKS). If the accident involves employees or others who are covered by Workers' Compensation, follow the process below:

- If the injury is, or is likely, to result in the individual missing work beyond the day the injury occurred, then the injured individual must complete a *Worker's Report of Injury or Occupational Disease Form* (a sample of this form can be found at the end of this section). This should be completed expeditiously and submitted to the WCB with a copy to the Division Human Resource Department. Copies of the *Worker's Report of Injury or Occupational Disease Form* **must** be available at all worksites.
- The principal or non-school based department head *must* also complete an *Accident Report Form* and ensure it is submitted through the SCHOOLWORKS program. An *Employer's Report of Injury or Occupational Disease Form* **will** be submitted to WCB by the Division Human Resources Department based on the information provided in the *Accident Report Form*. **Only Human Resources will submit the employer forms to WCB.**
- It is critical in employee lost-time situations that the above forms are completed and submitted **same shift**. The Division has a 72 hour deadline for reporting lost-time incidents to WCB and can be fined up to \$2500 per day for delays in this process. Schools or departments not complying with these reporting requirements may be assessed these costs.
- In situations where disabling injuries occur, the Division will require a more thorough investigation of the accident. In these instances, the principal or non-school based department head is required to expeditiously complete an in-depth *Accident Report Form* (see Appendix I and Forms).
- If a principal or non-school based department head requires assistance in conducting an investigation of a serious accident, they should advise their Superintendent and seek assistance from the Director of Business and Operations.
- Refer to the Reporting and Investigation Flow Chart on page 12.2 for a visual representation of the reporting and investigation process.

4. What Obligations do Contractors Have?

Contractors are defined as anybody providing services for fees to the Division. This includes construction and maintenance contracts and also educational services contracts (e.g., in-line skating). Construction and maintenance contracts are managed by the Construction and Maintenance Department and they are accountable for the actions of these contractors and will verify that WCB coverage is in place for contractor employees involved in these projects.

Many program support contractors are small organizations and may or may not have, or require, WCB coverage for those working in their employment. There should be coverage in most cases but it is sometimes neglected by some businesses. The WCB website (www.wcb.ab.ca) also has an extensive list of exempt industries. If injuries occur to individuals whose employers do not provide WCB coverage, and it was required, the Division may be the WCB provider by default. Injuries that occur to employees of small program support contractors **without** WCB coverage must be reported through SCHOOLWORKS. Principals or non-school based department heads must determine if program support contractors working at their sites have WCB coverage and may contact the Director of Business and Operations to determine eligibility.

All contractors must report injuries that occur to any contractor employees while working in Division facilities, or on Division property or for the Division. Contractors are expected to meet or exceed the Division standards for reporting (Refer to Section 14 - Third Party Contract Adherence).

Occupational Health and Safety (OH&S)

The enforcement body of the *Alberta Occupational Health and Safety Act, Regulation and Code* requires the employer to:

1. Report *specified injuries or accidents*. *Specified injuries and accidents* that must be reported under the *Alberta Occupational Health and Safety Act, Regulation and Code* include:
 - An injury that results in death.
 - An injury or accident that results in a worker being admitted to hospital for more than two (2) days.
 - An unplanned or uncontrolled explosion, fire or flood that causes a serious injury or that has the potential of causing a serious injury.
 - The collapse of a crane, derrick or hoist.
 - The collapse or failure of any component of a building or structure necessary for the structural integrity of the building or structure.
2. Conduct an investigation and prepare an *Accident Report Form* that is readily available for inspection, where:
 - A reportable injury or incident.
 - Any other incident that had the potential to cause a serious injury.

A. What Reports are Required and What is the Process?

If a *specified injury* (see above), a *serious injury* or an *accident/incident* that has the potential of causing *serious injury* to employees, volunteers or contractor employees occurs at a Division workplace, the principal or non-school based department head responsible for that workplace must:

- **Immediately notify the Superintendent and the Director of Business and Operations** as to the time, place and nature of the serious injury or accident/incident. (An investigation into the circumstances surrounding the serious injury or accident/incident will occur and may involve other departments and Division resources as necessary to complete the investigation.)
- Complete an *Accident Report Form* and submit through the SCHOOLWORKS program. In the narrative (comment) portion of this report identify the situation as possibly having OH&S reporting requirements. In many instances it will be easiest to create a narrative report and send it as an attachment through the SCHOOLWORKS program.
- Ensure you are outlining the facts and relevant circumstances surrounding the serious injury or accident/incident and indicate any recommended corrective action which may be undertaken to prevent a re-occurrence of the serious injury or accident/incident. Submit a copy of the report to the Director of Business and Operations.
- Refer to the Reporting and Investigation Flow Chart at the end of Appendix I for a visual representation of the reporting and investigation process.

All reports to the government department responsible for OH&S **must be submitted through the Director of Business and Operations.**

Accident/Incident and Hazard Investigation

The intent of this section is to aid in determining situations that require investigation; identifying the level of investigation required; and providing a consistent investigative process for Division employees to follow.

Accident/incident and hazard investigation should be a fact-finding, not a fault-finding process. Investigations are a necessary part of the problem solving process. Since accidents/incidents vary in severity and impact, the degree of investigation carried out should be related to the severity, impact, and/or the potential for actual loss or injury (see Tables 1, 2.1, 2.2 and 3 in Appendix I).

The principal or the non-school based department head will complete most investigations; however, Division resources are available to assist in the more serious situations and where legislation requires an investigation.

The purpose of investigations is to ensure that:

- Awareness of hazards is raised.
- Existing controls are reviewed.
- Concern for the safety of employees is demonstrated.
- Potential hazards are identified.
- Appropriate corrective action is taken.
- Legal requirements are met.

Whenever an accident or incident occurs the on-site supervisor should take control of the situation to ensure that:

- **No further injury or damage occurs** (identify and control hazards).
- Injured persons are properly cared for.
- The scene of the accident or incident is secured so that physical evidence is not disturbed before it can be examined.

There is a process for completing investigations. In general, the Six Step Investigation Process is as follows:

1. Obtain an overview of the situation.
2. Gather physical evidence.
3. Interview witnesses.
4. Check any relevant background information.
5. Determine causes.
6. Recommend corrective action.

More serious accidents/incidents call for more thorough investigation. More time and resources must be dedicated to investigating those situations that have the highest potential for recurring injury or property damage. The Electronic Accident/Incident Reporting System (SCHOOLWORKS) will assist employees in identifying the severity and impact of the accident/incident and this information may be used to determine the level of investigation that will be required. For the more serious situations, there must also be a written *Accident Report Form* followed by a review of the accident with Division staff, those involved in the accident and any other individuals affected by the accident.

Coding of Accidents, Incidents and Hazards

Accidents, Incidents and Hazards (near-misses) are all “coded” within the SCHOOLWORKS program based on their severity (accidents), their impact (incidents) or their classification (hazards). The purpose of the coding is to classify the situations in a consistent manner Division-wide. The coding also helps to determine what level of investigation is necessary to address the situation (see Tables 1, 2.1, 2.2 and 3 in Appendix I). The coding used and a brief explanation of each category is provided in the following sections.

Severity Codes for Accidents

Severity codes are for the most part determined by the SCHOOLWORKS program and are dependent upon the type of injury selected when entering an accident report. In general the codes are as follows:

Code 1: Minor accident (scrapes/bumps that may require a band-aid or other minimal attention).

Code 2: Accident with minimal long-term repercussions, but requiring some first aid attention (e.g., first aider evaluation, ice packs, dressings).

Code 3: Accident involving more serious injuries but where immediate emergency medical services attention and transportation is not required. Parents may be called for direction and/or first aid treatment may be provided at the school. Includes fainting, loss of consciousness; eye injuries; tooth/teeth injuries; minor wounds requiring stitches; suspected or minor broken bones; allergic reactions not requiring

ambulance or paramedic; back/spinal injuries (minor or precautionary treatment); or referrals to physicians for evaluation.

Code 4: Accident involving serious injuries that require immediate emergency medical services attention (e.g., paramedic care, ambulance transportation, treatment by a physician, etc.). Includes physical or sexual assaults; injuries involving missed school or time off work (more than the day of the injury); or back/spinal injuries (requiring medium or long-term treatment); broken bones requiring immediate attention; etc. NOTE: any situation where an individual (parent/guardian, third party injured, etc) threatens legal action or where the media is involved (or will likely be involved) should be coded as a Severity Code 4.

Code 5: Death or Possible Permanent Disability.

Impact Codes for Incidents

Impact coding is important and should be completed by the principal or non-school based department head or their designate. The coding is subjective and should be based on the level of disruption created by the incident, potential media involvement, legal implications or the myriad of other possible influences that affect the operation of the school or department.

Low: Events that have a minimal interruption of school or department operations. No police or media involvement and no indication or threat of legal action arising from the situation. Most routine student disciplinary situations would be “Low” impact.

Medium: Events that have a short-term interruption of school or department operations affecting a number of staff and/or students (e.g., locker searches related to drugs, precautionary evacuations or lockdowns, parental threats of legal action over program placement, etc.). Some serious student disciplinary situations could be of “Medium” impact.

High: Events that have a major impact on school or department operations involving a significant portion of staff and students (e.g., events such as intruder lockdown, evacuation for environmental reasons, media involvement, possibility of legal action, etc.). Personal behaviour situations requiring severe discipline such as expulsion or relocation to another school in the Division could be of “High” impact.

Note:

- Any employee personal behaviour incidents where privacy, confidentiality or sensitivity issues exist, must be discussed with the appropriate Division staff (e.g., the Director, Superintendent, Human Resources) prior to entering any information into SCHOOLWORKS.
- The principal or non-school based department head has the discretion to change the impact coding to the appropriate category based on the school’s reaction to any type of incident.
- **If in doubt about the coding, choose the highest appropriate coding level that seems to match the situation.**
- Incidents that are categorized as **medium** or **high** may result in notifications being sent to the Director and Superintendent.

Classification Codes for Hazards

Hazards are classified as Low, Medium, and High by the principal or non-school based department head. Classification is subjective and the more severe the potential dangers, the higher the coding should be.

Low: A condition or practice likely to cause minor, non-disabling injury or illness and/or non-disruptive property damage.

Medium: A condition or practice likely to cause injury or illness resulting in temporary disability and/or property damage that is disruptive but not extensive.

High: A condition or practice likely to cause permanent disability, loss of life or body part and/or extensive loss of structure, equipment and material. Immediate action required to address these situations.

High Hazard situations must be dealt with immediately as the potential for injury and/or property loss is significant. The principal or non-school based department head should always take necessary action to ensure High Hazard situations are addressed as quickly as possible. These situations will be a priority for the deployment of Division personnel and resources. Local action is **always** required to ensure the safety of staff and students while waiting for a Division response. Local action can and should address some of the **Low and Medium Hazards** as defined above.

The **Hazard Report Tracking Form** must be utilized if it is a temporary low level hazard (e.g., spilled water from a fountain can be immediately cleaned up by a caretaker – low hazard).

However, if it is a leaking pipe in a hallway or washroom that needs to be corrected (medium hazard), then warning signs should be placed, the leak should be contained, a Service Request (SR) should be submitted to Maintenance for the repairs to be completed, and a **Hazard Report** should be submitted through SCHOOLWORKS. Hazard (near-miss) investigation and reporting requirements are outlined in Table 3 at the end of Appendix I.

A. When Should an Investigation Occur?

Most accidents and incidents and some hazards require a degree of investigation. The Investigation Tables and Reporting and Investigation Flow Chart provided at the end of Appendix I provide direction for principals and non-school based department heads as to when, and to what extent, an investigation should occur.

Generally, the principal or the non-school based department head will be responsible for the local investigation of accidents/incidents and hazards. In larger schools or departments, this may be delegated to other administrators; however, the principal or non-school based department head remains accountable. For more serious accidents/incidents and hazards the principal or non-school based department head may work with a Division team investigating the situation.

In more serious accident/incident and hazard situations involving employees, volunteers and contractor employees, legislation may require that detailed investigations occur and an *Accident Report Form* be completed. Examples of situations where legislation requires investigation include:

- A fatality.
- An injury or accident that results in a worker being admitted to a hospital for more than two days.

- An uncontrolled or unplanned explosion, fire or flood that causes a serious injury or that has the potential of causing a serious injury.
- The collapse of a crane, derrick or hoist.
- The collapse or failure of any component of a building or structure necessary for the structural integrity of the building or structure.

In more serious accident situations involving students, Division practice may require that a detailed investigation occur and an *Accident Report Form* be completed. Examples of situations where Division practice requires investigation include:

- Time Loss Incidents
- Accidents where the severity code is 4 or 5.
- Accidents where there is threat of legal action or media involvement.

Summarize the findings of the investigative process in a formal *Accident Report Form*. Include original Witness Statements as part of the *Accident Report Form*. For more serious accidents, the principal, non-school based department head or the Division investigative team should make recommendations and present the report and recommendations to senior management, who will, if required, share the information with the Division insurer and/or government investigators. The *Accident Report Form* and the recommendations should be reviewed with all employees who were at the workplace at the time of accident.

The Six Step Investigation Process

For all serious accidents or where there is a legislative requirement for an investigation, the following process should be utilized:

1. Obtain an Overview of the Situation

The principal or non-school based department head should go to the scene of the accident as soon as possible in order to:

- Secure the area so that no risk of further injury exists, e.g., potential secondary accident/incident. For serious accidents, it is important to prevent the removal of evidence by not allowing any person to disturb the accident scene.
- Become oriented with the circumstances. Physical conditions can change quickly and witness' viewpoints can alter with the passage of time. It is important to decide where and with whom the investigation should begin.
- Determine if Division staff (Director, Superintendent) should be called, if they have not already been notified.

2. Gather Physical Evidence

Physical evidence may be any object, condition, written statement, event, etc., that may yield information about the accident/incident. It can be compromised or lost unless care is taken. Physical evidence relates to “what caused” the accident. Such things as obstructions, broken or defective equipment, or environmental

conditions can contribute to accidents. Isolate any equipment and/or records relevant to the situation. Physical evidence may include:

- Photographs of the accident/incident scene.
- A sketch or drawing showing relevant measurements.
- Evidence of any unusual circumstances or conditions.
- Details about environmental conditions, such as noise, lighting, air quality or weather.

3. Interview Witnesses

Individuals can quickly forget the exact details of an accident/incident. It is often beneficial to have witnesses prepare individual, signed written statements regarding the accident/incident prior to being interviewed. These statements should be prepared independently from other witnesses. A *Witness Statement Form* is included in the forms at the end of this section. Witnesses should be interviewed as soon as possible after the accident/incident while the events are still clear in their minds. The witnesses written statements can be used to assist in the interview process. The individual(s) directly involved should be interviewed first.

The interviewer should:

- Maintain an accurate written record of all interviews.
- Verify witness credibility by ensuring that they were in a position to contribute meaningful observations.
- Interview at the location of the accident if possible. This allows both the interviewer and the witness to more accurately relate circumstances and details involved.
- Interview the witnesses separately so that the statement of one witness will not be influenced by overhearing the statement of another witness.
- Try to put the person being interviewed at ease. Remind the witness of the constructive purpose of the investigation and that the primary purpose of the investigation is to determine facts and not to fix blame.
- Be objective.
- Try to obtain all relevant information regardless of how insignificant it may seem.
- When interviewing a witness do not discuss the testimony provided by other witness(es).
- Have the witness tell their story with minimal interruptions. Review their version of the events, step-by-step, asking questions to clarify details. Ask open-ended questions like “what happened?”.
- Avoid the use of leading questions, which simply require a yes or no response (e.g., rather than asking “Was there oil on the floor?” say “Describe the condition of the work area.”).
- Summarize your understanding of what the witness said at the end of the interview to ensure that you have an accurate understanding of their statement.
- Thank witness for his/her cooperation.
- When necessary, re-interview to clarify details.

4. Check Any Relevant Background Information

It is important to identify **any** relevant background or information that may have contributed to the accident. The following questions may need to be answered:

- Are there any previous accident, incident or hazard (near-miss) reports that are relevant to the current accident?
- Are there any relevant policies, directives, safe work procedures or maintenance records that have relevance to the accident/incident?
- Are there any safety conditions or procedures that were not in place that contributed to the accident/incident occurring?
- Is there a history of injury or accidents at the location or involving the individual injured?
- Are there reasons why the activity was taking place that contributed to the accident/incident?

5. Determine Causes

Causal factors are defined as events, conditions or circumstances, which the presence or absence of, may have contributed to the accident/incident. All possible causes should be recorded. Several causes occurring in sequence, or simultaneously, may combine to make an accident inevitable. Ultimately, all causes are human in origin. They result from inability or failure to:

- Eliminate all unsafe work conditions or behaviour.
- Plan and/or implement appropriate procedures.
- Design facilities to address all safety concerns.
- Purchase appropriate equipment.
- Purchase appropriate type and quantity of supplies.
- Train employees to work safely.
- Control hazardous situations adequately.

When analyzing casual factors, remember that those who are close to the area where the accident/incident occurred are often in the best position to identify the factors that represent risks to their health and safety. They may also be in the best position to assist in developing corrective strategies that will remove the underlying risk factors from their workplaces.

In order to plan practical preventative measures, causes are divided into two major areas:

direct (immediate) **cause** - What was the direct cause of the incident? (What caused the injury?)

indirect (underlying) **cause** - What were the root or hidden causes that led to the incident? (What caused the incident?)

Five factors to determine Indirect Causes

To identify the indirect causes of an incident, the investigator will need to examine the obvious and underlying factors in the chain of events which took place prior to and during the incident. The model suggested here, outlines a process where the investigator examines the indirect causes within each of the following five categories:

- 1. TASK**
- 2. MATERIAL/EQUIPMENT**
- 3. ENVIRONMENT**
- 4. PERSONNEL**
- 5. MANAGEMENT**

1. The Task

The actual work procedure being used at the time of the incident. Review the steps of the job; method of performing the task; any change to the normal method of performing the task; limitations; and how and why it is performed that way.

2. The Material/Equipment

Review the design of machinery, tools and equipment and how they are used by the workers in terms of machine guarding, emergency stop devices, lock-out, pinch points, design of equipment for use by workers, body positions to work and demands such as repetitive work. Also consider the condition of materials used in the work process.

3. The Personnel

Consider the factors that affect the worker(s) when performing the task such as: job requirements, experience and training, physical capabilities, emotional status at the time of the incident (tired, stressed, pressures to produce, rushing, interactions with other workers, labour management issues, hours of work).

4. The Management

Management is responsible for the safety and health of workers and therefore the role of management must always be considered in an incident investigation. Review such factors as: the safety and health rules (standards) in effect, how were they enforced, type of supervision provided, maintenance procedures for equipment/tools, safety and health inspections carried out, work processes and procedures in place, hazard recognition and control methods, incident reporting policies and first aid policies.

5. The Environment

The physical workplace environment as well as sudden change to that environment are factors that need to be identified. Keep in mind to assess the environmental factors **at the time of the incident**. Factors to consider include: weather conditions, housekeeping, the layout of machinery and storage areas, lighting, visibility, ventilation, temperature, noise, vibration, gases, dusts and fumes.

If the analysis is complete, the indirect causes should be apparent and provide a firm basis for making recommendations. Although not a comprehensive list, some specific details related to these causes are provided in the following tables.

To find the Indirect (root) causes

Write out the events of the incident, step by step. Recall the five factors identified under “Determine Causes:” Consider the sample questions within each of the following factors:

Note: These are questions intended for the investigator to assess root causes. They should not necessarily be used for witness interviews, as they could intimidate the witness.

1. Task – What was being done at the time of the incident
• Was a safe work procedure (task hazard analysis) used?
• Had conditions changed to make the normal procedure unsafe?
• Were the appropriate tools, materials available? Were they used?
• Was all of the required personal protective equipment available and used appropriately?
• Were inherent safety devices, alarms, lock procedures, or other systems in place?
• Was the task structured to encourage/discourage safe work practices or procedures?
2. Material / Equipment – Causes brought about by the equipment or materials used
• Was there an equipment malfunction or failure?
• What caused it to fail?
• Was the material or equipment substandard in some way?
• Was personal protective equipment used? Should it have been?
• Were hazardous substances involved? Were they properly identified?
• Were tools, machinery and equipment being used correctly? (Check manufacturers specifications for operating tools, machinery and equipment as well as any other applicable standards)
• Were tools or machinery modified in any way?
3. Environment – The physical environment, and particularly sudden changes to that environment (determine both the usual and unusual conditions) at the time of the incident.
• What were the weather conditions?
• Was it too hot or too cold?
• Was noise a problem?
• Was there adequate light?
• Were toxic gases, dusts, fumes, present?
4. Personnel – The factors related to workers include individual experience, skills and abilities, as well as one's physical capabilities, and emotional state at the time of the incident. Your inquiry of an employee is not to place blame, but to uncover the factors they experienced at the time of the incident.
• Were personnel aware of the standards, practices, procedures or legislation governing the activity?

• Were personnel adequately trained to do the task in question according to standards, practices and procedures prescribed?
• What training had the employee received?
• What experience did the employee have to do the task?
• Was the worker physically capable?
• Was judgement, health and/or ability impaired for any reason? (e.g. Were they Tired? Rushed? Stressed? Using Medication?)
5. Management – The employer is responsible for ensuring the safety and health of employees at the workplace and, is therefore responsible for the policies, procedures and rules on the job. This also includes enforcing the policies, procedures and rules. Management staff (principals, managers, supervisors, etc.) must always be considered in an incident investigation since they are responsible for providing direction and supervision.
• Were the hazards which led to this incident known to supervisors?
• Were standards, practices and procedures developed and implemented to overcome these hazards?
• Were supervisors aware of the standards, practices, procedures or legislation governing the activity?
• Were safety and health rules in effect and being enforced?
• Was adequate supervision provided?
• Was regular maintenance of equipment carried out?
• Were unsafe conditions corrected?

List all possible causes within each category. It is important to remember that no one element in an incident: Task, Materials/Equipment, Environment, Personnel, or Management, stand alone. Each of these elements must be analyzed in its relationship to the others.

6. Recommend Corrective Action.

Based on the analysis of indirect causes, recommendations may now be made for corrective action. Corrective actions should:

- Treat the cause not the effect.
- Ensure that the recommended measures will enhance and not restrict overall operational effectiveness.
- Eliminate or control all causes.
- Include immediate interim action and/or a long-term remedial plan and timeline.
- Determine follow-up recommendations necessary to prevent re-occurrence.

If the indirect cause(s) are job/system factors then possible recommended corrective actions may include:

- Training or retraining of affected employees.
- Revising task procedures.
- Review of the appropriateness of the employee's assignment.
- Review of selection criteria for certain positions.
- Review of Division standard for a particular type of equipment or material.

If the indirect cause(s) are human factors then possible recommended corrective action may include:

- Discipline measures using a progressive discipline practice should be taken.
- Refer employee to the Employee and Family Assistance Program.

Investigation Kit

It is advisable that an investigation kit be kept accessible and ready for use. A basic kit could include:

- A clipboard with paper and accident/incident reports
- Blank copy of an Accident Report Form
- Blank copies of Witness Statement Form
- Pen/pencil
- Measuring tape
- Roll of "DO NOT ENTER" tape to secure accident or hazard site
- Access to a Digital or video camera could also be useful

Training Requirements

The Superintendent and Senior Administration are responsible for ensuring that appropriate Division employees have knowledge about the procedures used in reporting and investigating accidents, incidents and hazards. This will involve employees who are at specific work sites, as well as employees who carry Division wide responsibilities.

All principals and non-school based department heads will be provided with information related to accident/incident reporting and investigation.

Principals and non-school based department heads must review relevant information regarding accident, incident and hazard reporting and investigation with their employees on an annual basis. Emphasis should be placed upon the need for timely reporting.

The Director of Business and Operations serve as a resource for principals and non-school based department heads regarding the accident/incident reporting and investigation process. Assistance may also be obtained from the Superintendent and Human Resources.

Implementation Process

Getting Started

Principals and non-school based department heads must:

1. Explain to all employees the procedures for accident, incident and hazard (near-miss) reporting. Emphasize the need to immediately report all accidents, incidents and hazards to their supervisor.
2. See that *Accident Report Form(s)* are readily accessible to all employees at the workplace. These forms should be placed near first aid kit(s). *Hazard Report Forms* and *WCB Worker's Report of Injury or Occupational Disease Forms* should also be available to all staff.
3. Ensure that at least one or two individuals are trained on the SCHOOLWORKS program and assigned the responsibility of entering all accident, incident and hazard reports.
4. Establish a process to review serious hazards and accidents/incidents with all staff with the intent of preventing further accidents/incidents.

Ongoing Activities

Principals and non-school based department heads must:

1. Ensure that all accident, incident and hazard reports are completed and entered into the SCHOOLWORKS program.
2. Review *Accident and Hazard Reports* and recommendations with employees (and where relevant contractors) to improve their awareness of workplace hazards. Note: always involve the Director of Business and Operations when dealing with contractor situations.
3. Cooperate with investigations into serious accidents/incidents when required by legislation, the Director of Business and Operations and the Superintendent.
4. Work with the Human Resources Department to assist employees returning to regular or modified work after extended absence.

Appendix I

TABLE 1 – Accident Investigation

Severity Codes for Accidents	Level of Investigation	Investigator	Action required by Principal or non-school based Department Head	Reports	Follow-up
Code 1 Minor injury.	Local investigation.	Principal or non-school based department head or designate.	Complete the Six Step Investigation Process. Analyze the accident to determine if the indirect cause can be prevented and establish a plan to prevent future accidents.	Basic accident report entered on SCHOOLWORKS for: • Employees • Volunteers • Visitors No report required for students.	Take action to prevent future accidents. If similar accidents occur, review again to determine how to reduce and/or eliminate problem.
Code 2 Injuries with minimal long-term repercussions but requiring some first aid attention.	Local investigation.	Principal or non-school based department head or designate.	Complete the Six Step Investigation Process. Analyze the accident to determine if the indirect cause can be prevented and establish a plan to prevent future accidents.	Basic accident report entered on SCHOOLWORKS for all accidents.	Take action to prevent future accidents. If similar accidents occur, review again to determine how to reduce and/or eliminate problem.
Code 3 More serious injuries but where immediate emergency medical services attention and transportation is not required.	Local investigation for student accidents. Possible collaborative investigation involving local and Division staff for employee, volunteer or visitor accidents.	Principal or non-school based department head or designate with possible assistance and/or direction from Division staff.	Complete the Six Step Investigation Process. Analyze the accident to determine if the indirect cause can be prevented and establish a plan to prevent future accidents.	Basic accident report entered on SCHOOLWORKS for all accidents.	Take action to prevent future accidents. If similar accidents occur, review again to determine how to reduce and/or eliminate problem. Involve staff where appropriate. Maintain contact with injured party to determine status.
Code 4 Serious injuries that require immediate emergency medical services attention and transportation.	Possible collaborative investigation involving local and Division staff for all accidents. May require cooperation with outside agencies.	Division team with assistance from the principal or non-school based department head. May involve separate outside agency investigation.	Assist with investigation by collecting all relevant evidence and information related to accident.	Basic accident report entered on SCHOOLWORKS for all accidents. Requires a written <i>Accident Report Form</i> being submitted to appropriate Division staff.	Take action to prevent future accidents. After consultation with Division staff, share results and recommendations of the investigation with relevant staff. Maintain contact with injured party to determine status.
Code 5 Death or possible permanent disability.	Division led investigation for all accidents. Possible outside agency investigation as well.	Division team with assistance from the principal or non-school based department head. May involve separate outside agency investigation.	Secure the accident scene and contact your area director or Superintendent for direction regarding your involvement in the investigation process. Without disturbing the accident scene, identify all relevant evidence and information related to the accident. Refer media and other inquiries to appropriate Division staff. Refer any legal requests or inquiries to Business Services.	Accident report with all physical and testimonial evidence. Enter on SCHOOLWORKS and forward additional hard copy information to Business Services. Requires a written <i>Accident Report Form</i> being submitted to appropriate Division staff.	Take action to prevent future accidents. With direction from your area director or Superintendent, you may share results and recommendations of the investigation with relevant staff.

TABLE 2.1 – Incident (Event) Investigation(Note difference between **Event** Incidents and **Personal Behavior** Incidents)

Impact Code for Incidents (Event)	Level of Investigation	Who does the Investigation	Action required by Principal or non-school based Department Head	Reports	Follow-up
Low Minimal impact on operations.	Local investigation.	Principal or non-school based department head or designate.	Complete the Six Step Investigation Process. Analyze to determine if the indirect cause can be prevented. Establish a plan to prevent future incidents.	Basic accident report entered on SCHOOLWORK S.	Take action to prevent future similar incidents. If further similar incidents occur, review again to determine how to reduce and/or eliminate problem.
Medium Short-term impact on operations.	Local investigation. Possible cooperation with outside agencies.	Principal or non-school based department head or designate with possible assistance and/or direction from Division staff.	Complete the Six Step Investigation Process. Conduct or assist with investigation by collecting all relevant evidence and information. Analyze to determine if the indirect cause can be prevented. Establish a plan to prevent future incidents.	Basic accident report entered on SCHOOLWORK S. May require a written investigation report being submitted to appropriate Division staff.	Take action to prevent future similar incidents. If further similar incidents occur, review again to determine how to reduce and/or eliminate problem.
High Major impact on operations. This includes <u>all</u> situations that have media involvement or legal implications.	Collaborative investigation involving local and Division staff. May require cooperation with outside agencies.	Division directed investigation. Possible outside agency investigation as well.	Contact your area director or superintendent for direction regarding your involvement in the investigation process. Refer media and other inquiries to appropriate Division staff. Refer any legal requests or inquiries to Business Services.	Basic accident report entered on SCHOOLWORK S. May require a written investigation report being submitted to appropriate Division staff. Reports should only be shared with outside agencies upon direction from an area director or superintendent.	Take action to prevent future similar incidents. After consultation with Division staff, share results and recommendations of the investigation with relevant staff.

TABLE 2.2 – Incident (Personal Behaviour) Investigation

Impact Code for Incidents (Personal Behaviour)	Level of Investigation	Who does the Investigation	Action required by Principal or non-school based Department Head	Reports	Follow-up
Low Routine student disciplinary situations or minor personnel issues.	Local investigation.	Principal or non-school based department head or designate.	Complete the Six Step Investigation Process. Analyze to determine if the indirect cause can be prevented. Establish a plan to prevent future incidents.	Basic incident report entered on SCHOOLWORK S.	Take action to prevent future similar incidents. If further similar incidents occur, review again to determine how to reduce and/or eliminate problem.
Medium Significant student disciplinary situations or personnel issues.	Local investigation. Possible collaboration with Division staff and/or cooperation with outside agencies.	Principal or non-school based department head or designate with possible assistance and/or direction from Division staff.	Complete the Six Step Investigation Process. Conduct or assist with investigation by collecting all relevant evidence and information. Analyze to determine if the indirect cause can be prevented. Establish a plan to prevent future incidents.	Basic incident report entered on SCHOOLWORK S. May require a written investigation report being submitted to appropriate Division staff.	Take action to prevent future similar incidents. If further similar incidents occur, review again to determine how to reduce and/or eliminate problem.
High Personal behaviour situations requiring severe consequences. This includes all situations that have media involvement or legal implications.	Collaborative investigation involving local and Division staff. May require cooperation with outside agencies.	Principal or non-school based department head under direction of Division staff. Possible outside agency investigation as well.	Contact your area director or immediate superintendent for direction regarding the investigation process. Refer media and other inquiries to appropriate Division staff. Refer any legal requests or inquiries to Business Services.	Basic incident report entered on SCHOOLWORK S. May require a written investigation report being submitted to appropriate Division staff. Reports should only be shared with outside agencies upon direction from an area director or superintendent.	Take action to prevent future similar incidents. Where appropriate, and after consultation with Division staff, share information with relevant staff.

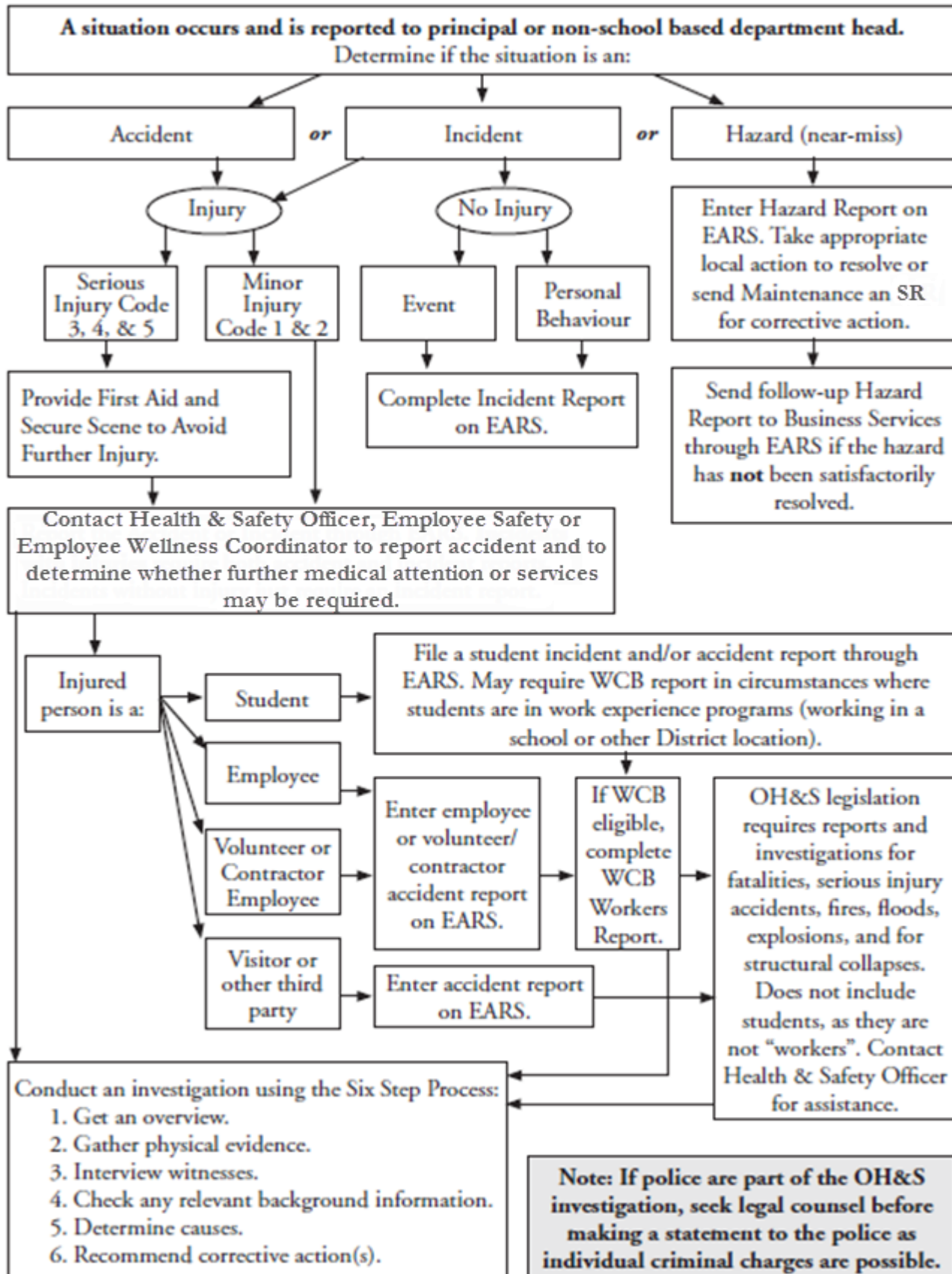
Note: Any employee personal behaviour incidents where privacy, confidentiality or sensitivity issues exist, should be discussed with your immediate supervisor, e.g., Superintendent, Director of Business and Operations, Human Resources, prior to entering any information into SCHOOLWORKS.

TABLE 3 – Hazard Investigation

Classification Code for Hazards	Level of Investigation	Who does the Investigation	Action required by Principal or non-school based Department Head	Reports	Follow-up
Low	Local investigation	Principal or non-school based department head or designate.	Resolve immediate problem while taking precautions to prevent future accidents.	Local hard copy of Hazard Report Tracking Form only – keep in OH&S Document Binder.	If further similar situations occur, review again to determine how to reduce and/or eliminate problem.
Medium	Local investigation	Principal or non-school based department head or designate with possible assistance from Health and Safety Officers and/or Business Services.	Resolve immediate problem; analyze to determine if the indirect cause can be prevented; act to prevent future accidents.	Basic Hazard Report entered on SCHOOLWORKS for all hazards. Submit SR request as necessary.	If further similar situations occur, review again to determine how to reduce and/or eliminate problem.
High	Local investigation with Division support where required	Principal or non-school based department head or designate with possible assistance from Health and Safety Officers and/or Business Services and/or Area Directors /Superintendents.	Resolve immediate problem; analyze to determine if the indirect cause can be prevented; act to prevent future accidents. Follow-up with Division staff to determine resolution of problem.	Basic Hazard Report entered on SCHOOLWORKS for all hazards. Submit SR request as necessary. Submit follow-up Hazard Report through SCHOOLWORKS if hazard not resolved satisfactorily.	After consultation with Division staff, share results and recommendations of the investigation with relevant staff.

See Forms at the end of this section for details regarding Classification Code for Hazards.

Reporting and Investigation Flow Chart



Forms

NEW EARS FORM MARCH 2016

**STUDENT
ACCIDENT / ILLNESS / INJURY REPORT**

Report Event / ID No: _____

Note: all items in *bold italic* and with an *asterisk* are required fields and must be completed

School/Site* _____

Date of Event*

(mm/dd/yyyy) _____

Date Reported

(mm/dd/yyyy) _____

Time of Event* (12 hr. clock am or pm) _____

First Reported to* (please specify below)

- | | | | |
|---------------------------------------------------------|------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Caretaking / Facility Operator | <input type="checkbox"/> Coach | <input type="checkbox"/> Contractor | <input type="checkbox"/> Family Member |
| <input type="checkbox"/> Lunch / Playground Supervisor | <input type="checkbox"/> Non School based Dept. Head | <input type="checkbox"/> Principal | <input type="checkbox"/> Secretary / Support Staff |
| <input type="checkbox"/> Superintendent | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Teacher | <input type="checkbox"/> Vice / Assistant Principal |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Other (Specify) _____ | | |

Reported To: First Name _____

Reported To: Last Name _____

Information Description of Event* (Factual Description of Accident / Incident Injury)

Location

**Did this event occur
at School? (where)***

☐ Yes

☐ No

**If No, give location
details***

- | | | | |
|------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Administration Office | <input type="checkbox"/> Boot Room / Mud Room | <input type="checkbox"/> Cafeteria / Concession | <input type="checkbox"/> Change / Locker Room |
| <input type="checkbox"/> Classroom – portable | <input type="checkbox"/> Classroom – regular | <input type="checkbox"/> Creative Playground | <input type="checkbox"/> Crosswalk |
| <input type="checkbox"/> CTS Lab | <input type="checkbox"/> Custodian / Caretaker Room | <input type="checkbox"/> Fine Arts Room | <input type="checkbox"/> Fitness / Weight Room |
| <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Hallway | <input type="checkbox"/> Library | <input type="checkbox"/> Parking Lot – staff |
| <input type="checkbox"/> Parking Lot – student | <input type="checkbox"/> Playing Field | <input type="checkbox"/> Roof | <input type="checkbox"/> Science Lab |
| <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Staff Room | <input type="checkbox"/> Stairs – exterior | <input type="checkbox"/> Stairs - Interior |
| <input type="checkbox"/> Stairs – portables | <input type="checkbox"/> Storage Room | <input type="checkbox"/> Tarmac | <input type="checkbox"/> Theatre / Stage |
| <input type="checkbox"/> Washroom | <input type="checkbox"/> Other
(specify) _____ | | |

Media

Is Media involved or
likely to be involved?

☐ Yes

☐ No

☐ Unknown

If yes give Details

Submitter's Details

Submitter's First Name* _____

Submitter's Last Name* _____

Submitter's Work Email* _____

Submitter's Phone _____

Submitter's Supervisor

- | | | | |
|---------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Caretaking / Facility Operator | <input type="checkbox"/> Lunch / Playground Supervisor | <input type="checkbox"/> Non-School based Dept. Head | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Secretary / Support Staff | <input type="checkbox"/> Superintendent | <input type="checkbox"/> Support Counsellor | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Team Leader | <input type="checkbox"/> Vice / Assistant Principal | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Other
(specify) _____ |



NEW EARS FORM MARCH 2016

STUDENT
ACCIDENT / ILLNESS / INJURY REPORT

Supervisor's First Name* _____ Supervisor's Last Name* _____
Supervisor's Work Email* _____

Involved Person

Student's First Name* _____ Last Name* _____
Date of Birth (mm/dd/yyyy) _____ Grade (Pre-K, K, 1 – 13) _____
Gender ☐ Male ☐ Female ☐ Other (specify) _____

Information

Additional Information Specific to Involved Person

Parent / Guardian

Were the parents notified? ☐ Yes ☐ No ☐ Unknown Date notified (mm/dd/yyyy) _____ Time Notified (12 hr. clock am/pm) _____
Parent/Guardian First Name _____ Parent/Guardian Last Name _____
Did parent pick up child? ☐ Yes ☐ No ☐ Unknown
Parent/Guardian Phone _____ Parent/Guardian Email _____
Parent/ Guardian Comments (if known)

Injuries / First Aid

Person Injured?* ☐ Yes ☐ No ☐ Unknown First Aid Administered?* ☐ Yes ☐ No ☐ Unknown
Description of First Aid Administered*

First Aider's First Name*: _____ LAST Name*: _____
Qualified District First Aider?* ☐ Yes ☐ No ☐ Unknown
First Aid Qualification* ☐ Advanced ☐ Emergency ☐ Nurse ☐ Standard ☐ Wilderness
EMS Called?* ☐ Yes ☐ No ☐ Unknown Transported by EMS? ☐ Yes ☐ No ☐ Unknown
If transported by EMS what was the destination? _____
Was there Other Transportation? _____
Was Further Medical Attention Sought* ☐ Yes ☐ No ☐ Unknown

*If Further Medical Attention was Sought, please specify below**

☐ Chiropractor ☐ Dentist ☐ Doctor ☐ Physiotherapy ☐ Other (specify) _____

Were there any Pre-Existing Medical Conditions:

Legal / Workers Compensation

*Has Legal action been
threatened?**

☐ Yes ☐ No ☐ Unknown ☐ Details _____

Injury / Illness

Program*

<input type="checkbox"/> Assembly	<input type="checkbox"/> Before/ After School	<input type="checkbox"/> CTS – Automotive	<input type="checkbox"/> CTS – Construction
<input type="checkbox"/> CTS – Culinary	<input type="checkbox"/> CTS – Other	<input type="checkbox"/> Employee-assigned duties	<input type="checkbox"/> Extra-curricular Activities
<input type="checkbox"/> Field Trip	<input type="checkbox"/> Fine Arts	<input type="checkbox"/> Free Time / Spare / Study Period	<input type="checkbox"/> Interscholastic Game / Practice
<input type="checkbox"/> Intramurals	<input type="checkbox"/> N/A	<input type="checkbox"/> Physical Education / Active Living	<input type="checkbox"/> Play day / Sports Day
<input type="checkbox"/> Recess / Noon Hour	<input type="checkbox"/> Regular Classroom	<input type="checkbox"/> Science	<input type="checkbox"/> Transition between Classes
<input type="checkbox"/> Work Study / RAP	<input type="checkbox"/> Other (specify)		

Activity*

<input type="checkbox"/> Assembly	<input type="checkbox"/> Baseball / Softball	<input type="checkbox"/> Basketball	<input type="checkbox"/> Canoeing, Kayaking
<input type="checkbox"/> Class Change / Transition	<input type="checkbox"/> Class or Shop Activities	<input type="checkbox"/> Curling	<input type="checkbox"/> Dance
<input type="checkbox"/> Dodge Ball	<input type="checkbox"/> Field Hockey	<input type="checkbox"/> Floor Hockey	<input type="checkbox"/> Football – req. touch
<input type="checkbox"/> Football – tackle	<input type="checkbox"/> Football (tackle)	<input type="checkbox"/> Free Play	<input type="checkbox"/> Gymnastics
<input type="checkbox"/> Ice Sports – Hockey/Skating	<input type="checkbox"/> In-Line Skating	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Racquet Games
<input type="checkbox"/> Rollerblading	<input type="checkbox"/> Rugby	<input type="checkbox"/> Skiing / Snowboarding	<input type="checkbox"/> Soccer
<input type="checkbox"/> Studying	<input type="checkbox"/> Swimming / Water Sports	<input type="checkbox"/> Track & Field	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Walking / Running	<input type="checkbox"/> Weight Room Training	<input type="checkbox"/> Work Experience	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Other (specify)			

Equipment Involved (if applicable)

<input type="checkbox"/> Athletic Equipment	<input type="checkbox"/> Bicycle	<input type="checkbox"/> Box Horses	<input type="checkbox"/> Chemicals	<input type="checkbox"/> Climbing Apparatus
<input type="checkbox"/> Fine Art Equipment	<input type="checkbox"/> Flying Fox / Glider	<input type="checkbox"/> Gymnastic Equipment	<input type="checkbox"/> Home Economic Equipment	
<input type="checkbox"/> Ladder / Lift Equipment	<input type="checkbox"/> Monkey Bars	<input type="checkbox"/> N/A	<input type="checkbox"/> Other Playground Equipment	
<input type="checkbox"/> Science Lab Equipment	<input type="checkbox"/> Scooters – Phys Ed	<input type="checkbox"/> Skates – Ice / Inline	<input type="checkbox"/> Ski Snowboard	<input type="checkbox"/> Slide
<input type="checkbox"/> Spider Web	<input type="checkbox"/> Swing	<input type="checkbox"/> Teeter Totter	<input type="checkbox"/> Tetherball	<input type="checkbox"/> Tools
<input type="checkbox"/> Track & Field Equipment	<input type="checkbox"/> Other (specify)			

Corrective Actions Taken If Applicable

Cause of Injury* (check as many that apply)

- | | | |
|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Accidental collision between participants | <input type="checkbox"/> Aggravation of Pre-existing injury | <input type="checkbox"/> Assault |
| <input type="checkbox"/> Bite (animal/human/insect) | <input type="checkbox"/> Blow / Hit / Trip caused by another person | <input type="checkbox"/> Blow delivered by object (ball, bat, etc.) |
| <input type="checkbox"/> Body contact in normal course of activity | <input type="checkbox"/> Carelessness on the part of individual | <input type="checkbox"/> Choking |
| <input type="checkbox"/> Fall / Trip not due to observed factor | <input type="checkbox"/> Fall or loss of balance on apparatus | <input type="checkbox"/> Injury to staff by student – intentional |
| <input type="checkbox"/> Injury to staff by student – unintentional | <input type="checkbox"/> No clear apparent cause | <input type="checkbox"/> Obstruction on playing field |
| <input type="checkbox"/> Repetitive Strain | <input type="checkbox"/> Site Hazard | <input type="checkbox"/> Slip / Fall (ice) |
| <input type="checkbox"/> Slip / Fall (other) | <input type="checkbox"/> Strain or over exertion | |
| <input type="checkbox"/> Other (specify) _____ | | |

Injury / Illness Type*

- | | | |
|----------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Aches / Pains | <input type="checkbox"/> Allergic Reaction | <input type="checkbox"/> Back / Spinal Injury |
| <input type="checkbox"/> Bleed, bruise or swelling | <input type="checkbox"/> Breathing difficulties / Asthma | <input type="checkbox"/> Broken or fractured bones |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Concussion | <input type="checkbox"/> Cut / Laceration / Irritation |
| <input type="checkbox"/> Dislocated / Separated joint | <input type="checkbox"/> Dizziness / Light headed | <input type="checkbox"/> Eye Injury |
| <input type="checkbox"/> Fainting, loss of consciousness | <input type="checkbox"/> Fatality | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Irritation of throat / eye / skin / nose | <input type="checkbox"/> Permanent disability |
| <input type="checkbox"/> Scrape or bump | <input type="checkbox"/> Seizure | <input type="checkbox"/> Strain or sprain |
| <input type="checkbox"/> Tooth / Teeth Injury | <input type="checkbox"/> Vomiting / Nausea | <input type="checkbox"/> Wound |
| <input type="checkbox"/> Other (Specify) _____ | | |

Body Part (please circle left or right where applicable)

- | | | | | | | |
|---------------------------------------------|---------------------------------------------|---------------------------------------------------|---------------------------------------------------|------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Abdomen / Stomach | <input type="checkbox"/> Ankle Left / Right | <input type="checkbox"/> Arm – lower Left / Right | <input type="checkbox"/> Arm – upper Left / Right | <input type="checkbox"/> Back | <input type="checkbox"/> Buttocks Left / Right | <input type="checkbox"/> Cheek(s) Left / Right |
| <input type="checkbox"/> Chest Area | <input type="checkbox"/> Chin | <input type="checkbox"/> Collarbone Left / Right | <input type="checkbox"/> Ear(s) Left / Right | <input type="checkbox"/> Elbow Left / right | <input type="checkbox"/> Eye(s) Left / Right / Both | <input type="checkbox"/> Finger(s) / Thumb Left hand / Right hand |
| <input type="checkbox"/> Foot Left / Right | <input type="checkbox"/> Groin Left / Right | <input type="checkbox"/> Hand Left / Right | <input type="checkbox"/> Head | <input type="checkbox"/> Hip Left / Right | <input type="checkbox"/> Knee Left / Right | <input type="checkbox"/> Leg – lower calf Left / Right |
| <input type="checkbox"/> Thigh Left / Right | <input type="checkbox"/> Mouth | <input type="checkbox"/> N/A | <input type="checkbox"/> Neck / Throat | <input type="checkbox"/> Nose | <input type="checkbox"/> Possible Internal Injuries | <input type="checkbox"/> Shoulder Left / Right |
| <input type="checkbox"/> Side / Ribs | <input type="checkbox"/> Teeth | <input type="checkbox"/> Toes | <input type="checkbox"/> Wrist | <input type="checkbox"/> Other (specify) _____ | | |

- If there are **multiple involved persons** (student, employee or other) associated with this event, complete the appropriate / respective injury form for each involved person and attach to this report
- If there is a **hazard** associated with this injury complete a **HAZARD FORM** and attach to this report

Witness* (Use separate sheet if more than one witness)

Were there any witnesses*? ☐ Yes ☐ No

Witness **FIRST** Name: _____ Witness **LAST** Name: _____

Phone Number _____

Email _____

Witness Roll*

- | | | | | |
|------------------------------------|-------------------------------------|----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Bystander | <input type="checkbox"/> Contractor | <input type="checkbox"/> Daycare | <input type="checkbox"/> Employee | <input type="checkbox"/> Neighbour |
| <input type="checkbox"/> Student | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Unknown | <input type="checkbox"/> Volunteer | |

Date of Report: _____

Report Approved by: _____
(print clearly)

Position (print clearly) _____

NEW EARS FORM MARCH 2016

**EMPLOYEE
ACCIDENT / ILLNESS / INJURY REPORT**

Report Event / ID No: _____

Note: all items in *bold italic* and with an *asterisk* are required fields and must be completed

School/Site* _____

Date of Event* _____

(mm/dd/yyyy)

Date Reported

(mm/dd/yyyy)

Time of Event* (12 hr. clock am or pm) _____

First Reported to* (please specify below)

- | | | | |
|---------------------------------------------------------|------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Caretaking / Facility Operator | <input type="checkbox"/> Coach | <input type="checkbox"/> Contractor | <input type="checkbox"/> Family Member |
| <input type="checkbox"/> Lunch / Playground Supervisor | <input type="checkbox"/> Non School based Dept. Head | <input type="checkbox"/> Principal | <input type="checkbox"/> Secretary / Support Staff |
| <input type="checkbox"/> Superintendent | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Teacher | <input type="checkbox"/> Vice / Assistant Principal |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Other (Specify) _____ | | |

Reported to: First Name _____ Reported To: Last Name _____

Information Description of Event* (Factual Description of Accident / Incident)

Location

Did this event occur at School? (where)* ☐ Yes ☐ No **If No, give location details***

- | | | | |
|------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Administration Office | <input type="checkbox"/> Boot Room / Mud Room | <input type="checkbox"/> Cafeteria / Concession | <input type="checkbox"/> Change / Locker Room |
| <input type="checkbox"/> Classroom – portable | <input type="checkbox"/> Classroom – regular | <input type="checkbox"/> Creative Playground | <input type="checkbox"/> Crosswalk |
| <input type="checkbox"/> CTS Lab | <input type="checkbox"/> Custodian / Caretaker Room | <input type="checkbox"/> Fine Arts Room | <input type="checkbox"/> Fitness / Weight Room |
| <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Hallway | <input type="checkbox"/> Library | <input type="checkbox"/> Parking Lot – staff |
| <input type="checkbox"/> Parking Lot – student | <input type="checkbox"/> Playing Field | <input type="checkbox"/> Roof | <input type="checkbox"/> Science Lab |
| <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Staff Room | <input type="checkbox"/> Stairs – exterior | <input type="checkbox"/> Stairs - Interior |
| <input type="checkbox"/> Stairs – portables | <input type="checkbox"/> Storage Room | <input type="checkbox"/> Tarmac | <input type="checkbox"/> Theatre / Stage |
| <input type="checkbox"/> Washroom | <input type="checkbox"/> Other (specify) _____ | | |

Media

Is Media involved or likely to be involved? ☐ Yes ☐ No ☐ Unknown

If yes give Details _____

Submitter's Details

Submitter's First Name* _____ **Submitter's Last Name*** _____

Submitter's Work Email* _____ **Submitter's Phone** _____



NEW EARS FORM MARCH 2016

EMPLOYEE
ACCIDENT / ILLNESS / INJURY REPORT

Submitter's Supervisor

- | | | | |
|---------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Caretaking / Facility Operator | <input type="checkbox"/> Lunch / Playground Supervisor | <input type="checkbox"/> Non-School based Dept. Head | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Secretary / Support Staff | <input type="checkbox"/> Superintendent | <input type="checkbox"/> Support Counsellor | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Team Leader | <input type="checkbox"/> Vice / Assistant Principal | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Other (specify) _____ |

Supervisor's First Name* _____ Supervisor's Last Name* _____
Supervisor's Work Email* _____

Involved Person

Employee's First Name* _____ Last Name* _____

Gender ☐ Male ☐ Female ☐ Other (Specify) _____

Phone Number _____ Email Address _____

Covered by WCB? ☐ Yes ☐ No ☐ Unknown

Status ☐ Caretaking ☐ Certificated Staff ☐ Exempt Staff ☐ Support Staff ☐ Trades ☐ Other (Specify) _____

Employee ID _____ Job Position _____ Service Unit / Department _____

Information

Additional Information Specific to Involved Person

Injuries / First Aid

Person Injured?* ☐ Yes ☐ No ☐ Unknown

First Aid Administered?* ☐ Yes ☐ No ☐ Unknown

Description of First Aid Administered*

First Aider's First Name*: _____ LAST Name*: _____

Qualified District First Aider*? ☐ Yes ☐ No ☐ Unknown

First Aid Qualification* ☐ Advanced ☐ Emergency ☐ Nurse ☐ Standard ☐ Wilderness

EMS Called?* ☐ Yes ☐ No ☐ Unknown Transported by EMS? ☐ Yes ☐ No ☐ Unknown

If transported by EMS what was the destination? _____

Was there Other Transportation? _____

Was Further Medical Attention Sought* ☐ Yes ☐ No ☐ Unknown

If Further Medical Attention was Sought, please specify below*

☐ Chiropractor ☐ Dentist ☐ Doctor ☐ Physiotherapy ☐ Other (specify) _____

Were there any Pre-Existing Medical Conditions:

Legal / Workers Compensation

Has Legal action been threatened?* ☐ Yes ☐ No ☐ Unknown

If Yes, Details

Is this a Workplace Violence Issue? ☐ Yes ☐ No ☐ Unknown

Parties Involved ☐ Parent to Staff ☐ Staff to Staff ☐ Student to Staff ☐ Volunteer to Staff ☐ Other _____

Is there a Current Hazard Assessment for this position? ☐ Yes ☐ No ☐ Unknown

Did Person Lose time from Work? ☐ Yes ☐ No ☐ Unknown First Day of lost time (mm/dd/yyyy) _____

Duties Modified after Accident? ☐ Yes ☐ No ☐ Unknown

If yes please contact Employee Wellness at (403) 500-2703, or (403) 500-2494 or (403) 500-2491.

Injury / Illness

*Program**

- | | | | |
|---------------------------------------------|-----------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Before/ After School | <input type="checkbox"/> CTS – Automotive | <input type="checkbox"/> CTS – Construction |
| <input type="checkbox"/> CTS – Culinary | <input type="checkbox"/> CTS – Other | <input type="checkbox"/> Employee-assigned duties | <input type="checkbox"/> Extra-curricular Activities |
| <input type="checkbox"/> Field Trip | <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Free Time / Spare / Study Period | <input type="checkbox"/> Interscholastic Game / Practice |
| <input type="checkbox"/> Intramurals | <input type="checkbox"/> N/A | <input type="checkbox"/> Physical Education / Active Living | <input type="checkbox"/> Play day / Sports Day |
| <input type="checkbox"/> Recess / Noon Hour | <input type="checkbox"/> Regular Classroom | <input type="checkbox"/> Science | <input type="checkbox"/> Transition between Classes |
| <input type="checkbox"/> Work Study / RAP | <input type="checkbox"/> Other (specify) | | |
-

Activity*

- | | | | |
|---------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Cafeteria / Concession Duties | <input type="checkbox"/> Caretaking | <input type="checkbox"/> Classroom Preparation | <input type="checkbox"/> Delivery / Transportation |
| <input type="checkbox"/> General Office / School Work | <input type="checkbox"/> Handling / Moving Equipment, Books or Materials | <input type="checkbox"/> Instruction | |
| <input type="checkbox"/> Leaving / Entering School Grounds | <input type="checkbox"/> Maintenance / Grounds Work | <input type="checkbox"/> Participate in Intramurals | |
| <input type="checkbox"/> Restraint of Student | <input type="checkbox"/> Supervision | <input type="checkbox"/> Walking | |
| <input type="checkbox"/> Working With / Asst. Special Needs Student | | | |
| <input type="checkbox"/> Other (Specify) | | | |
-

Equipment Involved (if applicable)

- | | | | | |
|--------------------------------------------------|----------------------------------------------|------------------------------------------------|-----------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Athletic Equipment | <input type="checkbox"/> Bicycle | <input type="checkbox"/> Box Horses | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Climbing Apparatus |
| <input type="checkbox"/> Fine Art Equipment | <input type="checkbox"/> Flying Fox / Glider | <input type="checkbox"/> Gymnastic Equipment | <input type="checkbox"/> Home Economic Equipment | |
| <input type="checkbox"/> Ladder / Lift Equipment | <input type="checkbox"/> Monkey Bars | <input type="checkbox"/> N/A | <input type="checkbox"/> Other Playground Equipment | |
| <input type="checkbox"/> Science Lab Equipment | <input type="checkbox"/> Scooters – Phys Ed | <input type="checkbox"/> Skates – Ice / Inline | <input type="checkbox"/> Ski Snowboard | <input type="checkbox"/> Slide |
| <input type="checkbox"/> Spider Web | <input type="checkbox"/> Swing | <input type="checkbox"/> Teeter Totter | <input type="checkbox"/> Tetherball | <input type="checkbox"/> Tools |
| <input type="checkbox"/> Track & Field Equipment | <input type="checkbox"/> Other (specify) | | | |
-

Corrective Actions Taken, if Applicable _____

Cause of Injury* (check as many that apply)

- | | | |
|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Accidental collision between participants | <input type="checkbox"/> Aggravation of Pre-existing injury | <input type="checkbox"/> Assault |
| <input type="checkbox"/> Bite (animal/human/insect) | <input type="checkbox"/> Blow / Hit / Trip caused by another person | <input type="checkbox"/> Blow delivered by object (ball, bat, etc.) |
| <input type="checkbox"/> Body contact in normal course of activity | <input type="checkbox"/> Carelessness on the part of individual | <input type="checkbox"/> Choking |
| <input type="checkbox"/> Fall / Trip not due to observed factor | <input type="checkbox"/> Fall or loss of balance on apparatus | <input type="checkbox"/> Injury to staff by student – intentional |
| <input type="checkbox"/> Injury to staff by student – unintentional | <input type="checkbox"/> No clear apparent cause | <input type="checkbox"/> Obstruction on playing field |
| <input type="checkbox"/> Repetitive Strain | <input type="checkbox"/> Site Hazard | <input type="checkbox"/> Slip / Fall (ice) |
| <input type="checkbox"/> Slip / Fall (other) | | |
| <input type="checkbox"/> Other (specify) | | |

Injury / Illness Type*

- | | | |
|----------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Aches / Pains | <input type="checkbox"/> Allergic Reaction | <input type="checkbox"/> Back / Spinal Injury |
| <input type="checkbox"/> Bleed, bruise or swelling | <input type="checkbox"/> Breathing difficulties / Asthma | <input type="checkbox"/> Broken or fractured bones |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Concussion | <input type="checkbox"/> Cut / Laceration / Irritation |
| <input type="checkbox"/> Dislocated / Separated joint | <input type="checkbox"/> Dizziness / Light headed | <input type="checkbox"/> Eye Injury |
| <input type="checkbox"/> Fainting, loss of consciousness | <input type="checkbox"/> Fatality | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Irritation of throat / eye / skin / nose | <input type="checkbox"/> Permanent disability |
| <input type="checkbox"/> Scrape or bump | <input type="checkbox"/> Seizure | <input type="checkbox"/> Strain or sprain |
| <input type="checkbox"/> Tooth / Teeth Injury | <input type="checkbox"/> Vomiting / Nausea | <input type="checkbox"/> Wound |
| <input type="checkbox"/> Other (specify) | | |

Body Part (please circle left or right where applicable)

- | | | | | | | |
|---------------------------------------------------------|---------------------------------------------|---------------------------------------------------|---------------------------------------------------|---------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Abdomen / Stomach | <input type="checkbox"/> Ankle Left / Right | <input type="checkbox"/> Arm – lower Left / Right | <input type="checkbox"/> Arm – upper Left / Right | <input type="checkbox"/> Back | <input type="checkbox"/> Buttocks Left / Right | <input type="checkbox"/> Cheek(s) Left / Right |
| <input type="checkbox"/> Chest Area | <input type="checkbox"/> Chin | <input type="checkbox"/> Collarbone Left / Right | <input type="checkbox"/> Ear(s) Left / Right | <input type="checkbox"/> Elbow Left / right | <input type="checkbox"/> Eye(s) Left / Right / Both | <input type="checkbox"/> Finger(s) / Thumb Left hand / Right hand |
| <input type="checkbox"/> Foot Left / Right | <input type="checkbox"/> Groin Left / Right | <input type="checkbox"/> Hand Left / Right | <input type="checkbox"/> Head | <input type="checkbox"/> Hip Left / Right | <input type="checkbox"/> Knee Left / Right | <input type="checkbox"/> Leg – lower calf Left / Right |
| <input type="checkbox"/> Leg – upper thigh Left / Right | <input type="checkbox"/> Mouth | <input type="checkbox"/> N/A | <input type="checkbox"/> Neck / Throat | <input type="checkbox"/> Nose | <input type="checkbox"/> Possible Internal Injuries | <input type="checkbox"/> Shoulder Left / Right |
| <input type="checkbox"/> Side / Ribs | <input type="checkbox"/> Teeth | <input type="checkbox"/> Toes | <input type="checkbox"/> Wrist | <input type="checkbox"/> Other (specify) | | |

- If there are **multiple involved persons** (student, employee or other) associated with this event, complete the appropriate / respective injury form for each involved person and attach to this report
- If there is a **hazard** associated with this injury complete a **HAZARD FORM** and attach to this report.

Witness* (Use separate sheet if more than one witness)

Were there any witnesses*? ☐ Yes ☐ No

Witness FIRST Name: _____ Witness LAST Name: _____

Phone Number _____ Email _____

Witness Roll*

- | | | | | |
|------------------------------------|-------------------------------------|----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Bystander | <input type="checkbox"/> Contractor | <input type="checkbox"/> Daycare | <input type="checkbox"/> Employee | <input type="checkbox"/> Neighbour |
| <input type="checkbox"/> Student | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Unknown | <input type="checkbox"/> Volunteer | |

Date of Report: _____ Report Approved by: _____

(print clearly)

Position _____



NEW EARS FORM MARCH 2016

CONTRACTOR / VOLUNTEER / PARENT / VISITOR
ACCIDENT / ILLNESS / INJURY REPORT

Report Event / ID No: _____

Note: all items in *bold italic* and with an *asterisk* are required fields and must be completed

School/Site* _____

Date of Event*

(mm/dd/yyyy) _____

Time of Event* (12 hr. clock am or pm) _____

Date Reported

(mm/dd/yyyy) _____

First Reported to* (please specify below)

- | | | | |
|---------------------------------------------------------|------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Caretaking / Facility Operator | <input type="checkbox"/> Coach | <input type="checkbox"/> Contractor | <input type="checkbox"/> Family Member |
| <input type="checkbox"/> Lunch / Playground Supervisor | <input type="checkbox"/> Non School based Dept. Head | <input type="checkbox"/> Principal | <input type="checkbox"/> Secretary / Support Staff |
| <input type="checkbox"/> Superintendent | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Teacher | <input type="checkbox"/> Vice / Assistant Principal |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Other (Specify) _____ | | |

First Reported To:

First Name _____

First Reported To:

Last Name _____

Information Description of Event* (Factual Description of Accident / Incident)

Location

Did this event occur at School? (where)*

☐ Yes

☐ No

If No, give location details*

- | | | | |
|------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Administration Office | <input type="checkbox"/> Boot Room / Mud Room | <input type="checkbox"/> Cafeteria / Concession | <input type="checkbox"/> Change / Locker Room |
| <input type="checkbox"/> Classroom – portable | <input type="checkbox"/> Classroom – regular | <input type="checkbox"/> Creative Playground | <input type="checkbox"/> Crosswalk |
| <input type="checkbox"/> CTS Lab | <input type="checkbox"/> Custodian / Caretaker Room | <input type="checkbox"/> Fine Arts Room | <input type="checkbox"/> Fitness / Weight Room |
| <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Hallway | <input type="checkbox"/> Library | <input type="checkbox"/> Parking Lot – staff |
| <input type="checkbox"/> Parking Lot – student | <input type="checkbox"/> Playing Field | <input type="checkbox"/> Roof | <input type="checkbox"/> Science Lab |
| <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Staff Room | <input type="checkbox"/> Stairs – exterior | <input type="checkbox"/> Stairs - Interior |
| <input type="checkbox"/> Stairs – portables | <input type="checkbox"/> Storage Room | <input type="checkbox"/> Tarmac | <input type="checkbox"/> Theatre / Stage |
| <input type="checkbox"/> Washroom | <input type="checkbox"/> Other (specify) _____ | | |

Media

Is Media involved or likely to be involved?

☐ Yes

☐ No

☐ Unknown

If yes give Details _____

Submitter's Details

Submitter's First Name* _____

Submitter's Last Name* _____

Submitter's Work Email* _____

Submitter's Phone _____

Supervisor

- | | | | |
|---------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Caretaking / Facility Operator | <input type="checkbox"/> Lunch / Playground Supervisor | <input type="checkbox"/> Non-School based Dept. Head | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Secretary / Support Staff | <input type="checkbox"/> Superintendent | <input type="checkbox"/> Support Counsellor | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Team Leader | <input type="checkbox"/> Vice / Assistant Principal | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Other (specify) _____ |



NEW EARS FORM MARCH 2016

CONTRACTOR / VOLUNTEER / PARENT / VISITOR
ACCIDENT / ILLNESS / INJURY REPORT

Supervisor's First Name* _____ Supervisor's Last Name* _____

Supervisor's Work Email* _____

Involved Person

Involved Person is a ☐ Contractor ☐ Parent ☐ Visitor ☐ Volunteer

Involved Person's First Name* _____ Involved Person's Last Name* _____

Gender ☐ Male ☐ Female ☐ Other (Specify) _____

Phone Number _____ Email Address _____

If the Involved Person is a Contractor, Name of Employer _____

Information

Additional Information Specific to Involved Person

Injuries / First Aid

Person Injured?* ☐ Yes ☐ No ☐ Unknown First Aid Administered?* ☐ Yes ☐ No ☐ Unknown

Description of First Aid Administered*

First Aider's First Name*: _____ LAST Name*: _____

Qualified District First Aider*? ☐ Yes ☐ No ☐ Unknown

First Aid Qualification* ☐ Advanced ☐ Emergency ☐ Nurse ☐ Standard ☐ Wilderness

EMS Called?* ☐ Yes ☐ No ☐ Unknown Transported by EMS? ☐ Yes ☐ No ☐ Unknown

If transported by EMS what was the destination? _____

Was there Other Transportation? _____

Was Further Medical Attention Sought* ☐ Yes ☐ No ☐ Unknown

If Further Medical Attention was Sought, please specify below*

☐ Chiropractor ☐ Dentist ☐ Doctor ☐ Physiotherapy ☐ Other (specify) _____

Were there any Pre-Existing Medical Conditions:

Legal / Workers Compensation

Has Legal action been threatened?* ☐ Yes ☐ No ☐ Unknown ☐ Details _____

NEW EARS FORM MARCH 2016

**CONTRACTOR / VOLUNTEER / PARENT / VISITOR
ACCIDENT / ILLNESS / INJURY REPORT**

Injury / Illness

Program*

- | | | | |
|---------------------------------------------|-----------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Assembly | <input type="checkbox"/> Before/ After School | <input type="checkbox"/> CTS – Automotive | <input type="checkbox"/> CTS – Construction |
| <input type="checkbox"/> CTS – Culinary | <input type="checkbox"/> CTS – Other | <input type="checkbox"/> Employee-assigned duties | <input type="checkbox"/> Extra-curricular Activities |
| <input type="checkbox"/> Field Trip | <input type="checkbox"/> Fine Arts | <input type="checkbox"/> Free Time / Spare / Study Period | <input type="checkbox"/> Interscholastic Game / Practice |
| <input type="checkbox"/> Intramurals | <input type="checkbox"/> N/A | <input type="checkbox"/> Physical Education / Active Living | <input type="checkbox"/> Play day / Sports Day |
| <input type="checkbox"/> Recess / Noon Hour | <input type="checkbox"/> Regular Classroom | <input type="checkbox"/> Science | <input type="checkbox"/> Transition between Classes |
| <input type="checkbox"/> Work Study / RAP | <input type="checkbox"/> Other (specify) | | |

Activity*

- | | | | |
|---------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Cafeteria / Concession Duties | <input type="checkbox"/> Caretaking | <input type="checkbox"/> Classroom Preparation | <input type="checkbox"/> Delivery / Transportation |
| <input type="checkbox"/> General Office / School Work | <input type="checkbox"/> Handling / Moving Equipment, Books or Materials | <input type="checkbox"/> Instruction | |
| <input type="checkbox"/> Leaving / Entering School Grounds | <input type="checkbox"/> Maintenance / Grounds Work | <input type="checkbox"/> Participate in Intramurals | |
| <input type="checkbox"/> Restraint of Student | <input type="checkbox"/> Supervision | <input type="checkbox"/> Walking | |
| <input type="checkbox"/> Working With / Asst. Special Needs Student | | | |
| <input type="checkbox"/> Other (Specify) | | | |

Equipment Involved (if applicable)

- | | | | | |
|--------------------------------------------------|----------------------------------------------|------------------------------------------------|-----------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> Athletic Equipment | <input type="checkbox"/> Bicycle | <input type="checkbox"/> Box Horses | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Climbing Apparatus |
| <input type="checkbox"/> Fine Art Equipment | <input type="checkbox"/> Flying Fox / Glider | <input type="checkbox"/> Gymnastic Equipment | <input type="checkbox"/> Home Economic Equipment | |
| <input type="checkbox"/> Ladder / Lift Equipment | <input type="checkbox"/> Monkey Bars | <input type="checkbox"/> N/A | <input type="checkbox"/> Other Playground Equipment | |
| <input type="checkbox"/> Science Lab Equipment | <input type="checkbox"/> Scooters – Phys Ed | <input type="checkbox"/> Skates – Ice / Inline | <input type="checkbox"/> Ski Snowboard | <input type="checkbox"/> Slide |
| <input type="checkbox"/> Spider Web | <input type="checkbox"/> Swing | <input type="checkbox"/> Teeter Totter | <input type="checkbox"/> Tetherball | <input type="checkbox"/> Tools |
| <input type="checkbox"/> Track & Field Equipment | <input type="checkbox"/> Other (specify) | | | |

Corrective Actions Taken, if Applicable

Cause of Injury* (check as many that apply)

- | | | |
|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|
| <input type="checkbox"/> Accidental collision between participants | <input type="checkbox"/> Aggravation of Pre-existing injury | <input type="checkbox"/> Assault |
| <input type="checkbox"/> Bite (animal/human/insect) | <input type="checkbox"/> Blow / Hit / Trip caused by another person | <input type="checkbox"/> Blow delivered by object (ball, bat, etc.) |
| <input type="checkbox"/> Body contact in normal course of activity | <input type="checkbox"/> Carelessness on the part of individual | <input type="checkbox"/> Choking |
| <input type="checkbox"/> Fall / Trip not due to observed factor | <input type="checkbox"/> Fall or loss of balance on apparatus | <input type="checkbox"/> Injury to staff by student – intentional |
| <input type="checkbox"/> Injury to staff by student – unintentional | <input type="checkbox"/> No clear apparent cause | <input type="checkbox"/> Obstruction on playing field |
| <input type="checkbox"/> Repetitive Strain | <input type="checkbox"/> Site Hazard | <input type="checkbox"/> Slip / Fall (ice) |
| <input type="checkbox"/> Slip / Fall (other) | <input type="checkbox"/> Strain or over exertion | |
| <input type="checkbox"/> Other (specify) | | |

Injury / Illness Type*

- | | | |
|----------------------------------------------------------|-------------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Aches / Pains | <input type="checkbox"/> Allergic Reaction | <input type="checkbox"/> Back / Spinal Injury |
| <input type="checkbox"/> Bleed, bruise or swelling | <input type="checkbox"/> Breathing difficulties / Asthma | <input type="checkbox"/> Broken or fractured bones |
| <input type="checkbox"/> Burn | <input type="checkbox"/> Concussion | <input type="checkbox"/> Cut / Laceration / Irritation |
| <input type="checkbox"/> Dislocated / Separated joint | <input type="checkbox"/> Dizziness / Light headed | <input type="checkbox"/> Eye Injury |
| <input type="checkbox"/> Fainting, loss of consciousness | <input type="checkbox"/> Fatality | <input type="checkbox"/> Headache |
| <input type="checkbox"/> Hearing loss | <input type="checkbox"/> Irritation of throat / eye / skin / nose | <input type="checkbox"/> Permanent disability |
| <input type="checkbox"/> Scrape or bump | <input type="checkbox"/> Seizure | <input type="checkbox"/> Strain or sprain |
| <input type="checkbox"/> Tooth / Teeth Injury | <input type="checkbox"/> Vomiting / Nausea | <input type="checkbox"/> Wound |
| <input type="checkbox"/> Other (Specify) | | |

NEW EARS FORM MARCH 2016

CONTRACTOR / VOLUNTEER / PARENT / VISITOR
ACCIDENT / ILLNESS / INJURY REPORT

Body Part (please circle left or right where applicable)

- | | | | | | | |
|---------------------------------------------------------------|------------------------------------------------|------------------------------------------------------|------------------------------------------------------|------------------------------------------------|--------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Abdomen /
Stomach | <input type="checkbox"/> Ankle
Left / Right | <input type="checkbox"/> Arm – lower
Left / Right | <input type="checkbox"/> Arm – upper
Left / Right | <input type="checkbox"/> Back | <input type="checkbox"/> Buttocks
Left / Right | <input type="checkbox"/> Cheek(s)
Left / Right |
| <input type="checkbox"/> Chest Area | <input type="checkbox"/> Chin | <input type="checkbox"/> Collarbone
Left / Right | <input type="checkbox"/> Ear(s)
Left / Right | <input type="checkbox"/> Elbow
Left / right | <input type="checkbox"/> Eye(s)
Left / Right / Both | <input type="checkbox"/> Finger(s) / Thumb
Left hand / Right hand |
| <input type="checkbox"/> Foot
Left / Right | <input type="checkbox"/> Groin
Left / Right | <input type="checkbox"/> Hand
Left / Right | <input type="checkbox"/> Head | <input type="checkbox"/> Hip
Left / Right | <input type="checkbox"/> Knee
Left / Right | <input type="checkbox"/> Leg – lower calf
Left / Right |
| <input type="checkbox"/> Leg – upper
thigh
Left / Right | <input type="checkbox"/> Mouth | <input type="checkbox"/> N/A | <input type="checkbox"/> Neck /
Throat | <input type="checkbox"/> Nose | <input type="checkbox"/> Possible Internal
Injuries | <input type="checkbox"/> Shoulder
Left / Right |
| <input type="checkbox"/> Side / Ribs | <input type="checkbox"/> Teeth | <input type="checkbox"/> Toes | <input type="checkbox"/> Wrist | <input type="checkbox"/> Other (specify) | | |

- If there are **multiple involved persons** (student, employee or other) associated with this event, complete the appropriate / respective injury form for each involved person and attach to this report
- If there is a **hazard** associated with this injury complete a **HAZARD FORM** and attach to this report

Witness* (Use separate sheet if more than one witness)

Were there any witnesses*? ☐ Yes ☐ No

Witness FIRST Name: _____ **Witness LAST Name:** _____

Phone Number _____

Email _____

Witness Roll*

- | | | | | |
|------------------------------------|-------------------------------------|----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Bystander | <input type="checkbox"/> Contractor | <input type="checkbox"/> Daycare | <input type="checkbox"/> Employee | <input type="checkbox"/> Neighbour |
| <input type="checkbox"/> Student | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Unknown | <input type="checkbox"/> Volunteer | |

Date of Report: _____

Report Approved by: _____

(print clearly)

Position: _____

(print clearly)



CALGARY CATHOLIC SCHOOL DISTRICT

ACCIDENT/ INCIDENT INVESTIGATION REPORT

1. SITE INFORMATION

Location:	Address:	Date:
-----------	----------	-------

2. EMPLOYEE INFORMATION (person injured)

Injured's Name:	Occupation:	Phone No.:
-----------------	-------------	------------

Part of Body:	Nature of Injury or Illness:
---------------	------------------------------

3. INCIDENT INFORMATION

Date of Incident:	Time of Day:	Location of Incident:
-------------------	--------------	-----------------------

Date Reported:	Time Reported:	Incident Reported To:
----------------	----------------	-----------------------

EARS ID#	Name of Supervisor when Incident Occurred:	Incident Reported By:
----------	--------------------------------------------	-----------------------

Conditions at time of Incident:

Description of Incident:

4. RISK (see matrix below for explanation of potential and probability) :

Severity (potential consequences of exposure to the hazard)		
Low	Minor Injury	1 Point
Medium	Lost Time Injury	2 Points
High	Catastrophic Injury	3 Points
Probability (likelihood of an incident occurring)		
Low	Not Likely	1 Point
Medium	Possible	2 Points
High	Highly Likely	3 Points
Frequency (degree of exposure to the hazard)		
Low	Rarely (Monthly)	1 Point
Medium	Often (Weekly)	2 Points
High	Regularly (Daily)	3 Points

(Add the points together that were received in each category to come up with the risk level for the task (severity + probability + frequency = risk))

Risk	
Low	3 Points
Medium	4 to 6 Points
High	7 to 9 Points

5. CAUSE ANALYSIS

Direct (Immediate) Causes:

Indirect (Underlying) Causes:

6. IMMEDIATE ACTION(S) TAKEN

Description:

Was injured individual transported to medical facility? ☐ Yes ☐ No

By Whom:

Which Facility:

Was First Aid Provided? ☐ Yes ☐ No

By Whom:

When:

Where:

If student, were parent(s) and/or guardian contacted? ☐ Yes ☐ No

Witnesses:

7. ACTION PLAN

	Specific Steps to Correct Identified Causes	Person(s) Accountable	Timeline for Completion
Immediate Interim Action			
Long-term Remedial Plan			

8. ATTACHMENTS (pictures, work orders, diagram, etc):**SIGNATURES:**

Investigator: _____ Date: _____

Principal or Immediate Supervisor _____ Date: _____

Superintendent: _____ Date: _____

C.c.

Hazard Report Tracking Form (Non-Injury/Near Miss)

Note: all Items and Sections noted in ***bold italics with an asterisk*** are required in order to submit an electronic hazard report. Principal/Non-school based department head must be informed/review all reported hazards.

Date of Report: _____ Submitter's Name: _____

School/Building* _____ ***Specific Location:*** _____

Hazard Information* (Description of Hazard)

Hazard Classification*: ☐ ***Low*** ☐ ***Medium*** ☐ ***High***

Low Hazard: A condition or practice likely to cause minor, non-disabling injury or illness and/or non-disruptive property damage

Medium Hazard: A condition or practice likely to cause injury or illness resulting in temporary disability or property damage that is not disruptive but extensive.

High Hazard: A condition or practice likely to cause permanent disability, loss of life or body part, or extensive loss of structure

Direct/Indirect Causes (unsafe acts or conditions that lead directly to the incident/human or job factors that contribute directly to the unsafe act or conditions):*

Corrective Action/Recommendation*: _____

Action taken by Whom: _____ Date Action Taken: _____

✕-----

Note: all Items and Sections noted in ***bold italics with an asterisk*** are required in order to submit an electronic hazard report. Principal/Non-school based department head must be informed/review all reported hazards.

Date of Report: _____ Submitter's Name: _____

School/Building* _____ ***Specific Location:*** _____

Hazard Information* (Description of Hazard)

Hazard Classification*: ☐ ***Low*** ☐ ***Medium*** ☐ ***High***

Low Hazard: A condition or practice likely to cause minor, non-disabling injury or illness and/or non-disruptive property damage

Medium Hazard: A condition or practice likely to cause injury or illness resulting in temporary disability or property damage that is not disruptive but extensive.

High Hazard: A condition or practice likely to cause permanent disability, loss of life or body part, or extensive loss of structure

Direct/Indirect Causes (unsafe acts or conditions that lead directly to the incident/human or job factors that contribute directly to the unsafe act or conditions):*

Corrective Action/Recommendation*: _____

Action taken by Whom: _____ Date Action Taken: _____

✕-----

Note: all Items and Sections noted in ***bold italics with an asterisk*** are required in order to submit an electronic hazard report. Principal/Non-school based department head must be informed/review all reported hazards.

Date of Report: _____ Submitter's Name: _____

School/Building* _____ ***Specific Location:*** _____

Hazard Information* (Description of Hazard)

Hazard Classification*: ☐ ***Low*** ☐ ***Medium*** ☐ ***High***

Low Hazard: A condition or practice likely to cause minor, non-disabling injury or illness and/or non-disruptive property damage

Medium Hazard: A condition or practice likely to cause injury or illness resulting in temporary disability or property damage that is not disruptive but extensive.

High Hazard: A condition or practice likely to cause permanent disability, loss of life or body part, or extensive loss of structure

Direct/Indirect Causes (unsafe acts or conditions that lead directly to the incident/human or job factors that contribute directly to the unsafe act or conditions):*

Corrective Action/Recommendation*: _____

Action taken by Whom: _____ Date Action Taken: _____

NEW EARS FORM MARCH 2016

HAZARD REPORT FORM (Non-Injury)

Report Event / ID No: _____

Note: all Items and Sections noted in ***bold italics with an asterisk*** are required in order to submit an electronic hazard report

School / Site*: _____

Date of Incident*:
(mm/dd/yyyy) _____

Time of Incident*: (12 hr clock AM or PM) _____

Location

**Did this event occur
at School? (where)***

☐ Yes

☐ No

If No, give location details*

- ☐ Administration Office
- ☐ Classroom – portable
- ☐ CTS Lab
- ☐ Gymnasium
- ☐ Parking Lot – staff
- ☐ Science Lab
- ☐ Stairs – interior
- ☐ Theatre / Stage

- ☐ Boot Room / Mud Room
- ☐ Classroom – regular
- ☐ Custodian / Caretaker Room
- ☐ Hallway
- ☐ Parking Lot – student
- ☐ Sidewalk
- ☐ Stairs – portables
- ☐ Washroom

- ☐ Cafeteria / Concession
- ☐ Creative Playground
- ☐ Fine Arts Room
- ☐ Library
- ☐ Playing Field
- ☐ Staff Room
- ☐ Storage Room
- ☐ Other (specify)

- ☐ Change / Locker Room
- ☐ Crosswalk
- ☐ Fitness / Weight Room
- ☐ Mechanical Room
- ☐ Roof
- ☐ Stairs – exterior
- ☐ Tarmac

Type of Hazard*

- ☐ Air Quality
- ☐ Confined Space
- ☐ Ergonomics
- ☐ Lifting / Carrying
- ☐ Obstruction
- ☐ Unsafe Workplace
- ☐ Other (specify)

- ☐ Asbestos
- ☐ Contractor Safety
- ☐ Extreme Temperature
- ☐ Lighting
- ☐ Pressure / Vibration
- ☐ Water Quality

- ☐ Biological
- ☐ Electrical
- ☐ Fall Hazard
- ☐ Mould
- ☐ Sharp Objects
- ☐ Working Alone

- ☐ Chemicals
- ☐ Equipment / Tools
- ☐ Housekeeping
- ☐ Noise
- ☐ Slip / Trip Hazards

Description of Hazard*

Hazard Classification*

(PLEASE SEE BELOW for assistance with decision making)

☐ Low

☐ Medium

☐ High

A System of hazard classification can also assist in making these decisions.

Principals and non-school based department heads should work together with employees who are working in the area being evaluated, as they are most familiar with the hazards of the job.

Hazards can be classified as High, Medium or Low.

HIGH HAZARD: A condition or practice likely to cause *permanent* disability, loss of life or body part and/or extensive loss of structure, equipment and material. Immediate action required to address these situations.

Example 1: A guard missing on a table saw. *Action:* Power should be disconnected, blade removed and saw not used until guard is replaced.

Example 2: Maintenance employees servicing a large sump pump in an unventilated deep pit, with a gasoline motor running. *Action:* Stop work until appropriate confined space procedures are in place.

MEDIUM HAZARD: A condition or practice likely to cause injury or illness resulting in *temporary* disability and/or property damage that is disruptive but not extensive.

Example 1: A leaking pipe in a hallway or washroom. *Action:* Place warning signs, contain leak and have repaired as soon as possible.

Example 2: A broken tread at the bottom of stairs. *Action:* Place warning signs and leave in place until repair work completed.

LOW HAZARD: A condition or practice likely to cause minor, non-disabling injury or illness and/or non-disruptive property damage.

Example 1: A carpenter handling rough lumber without gloves.

Example 2: A custodian using mild cleaning products without adequate ventilation.

If additional help is needed to clarify any specific hazard classification, contact a Health and Safety Officer. Some standards for high risk activities are specifically set by regulation:

Example: If employees shall work in a confined space, the Occupational Health and Safety Act Regulation and Code requires that a code of practice and orientation for all employees who enter a confined space shall be completed.

Remember: In order to comply with legislation and demonstrate due diligence, all hazard assessment and analysis shall be documented.
(See Forms at the end of this section).

Direct Causes:

Indirect Causes:

Maintenance / Service Request #: _____

Corrective Actions

Corrective Actions / Recommendation _____

Detail Action Taken _____

Action taken by Whom? _____

Date: _____

Has this hazard been previously reported?

☐ Yes

☐ No



NEW EARS FORM MARCH 2016

HAZARD REPORT FORM (Non-Injury)

Is there a hazard assessment? ☐ Yes ☐ No

Hazard resolved? ☐ Yes ☐ No

If Hazard not resolved, please explain

Supervisor

Submitter's Details

Submitter's First Name* _____ Submitter's Last Name* _____

Submitter's Work Email* _____ Submitter's Phone _____

First Reported to

- | | | | |
|---------------------------------------------------------|------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Caretaking / Facility Operator | <input type="checkbox"/> Coach | <input type="checkbox"/> Contractor | <input type="checkbox"/> Family Member |
| <input type="checkbox"/> Lunch / Playground Supervisor | <input type="checkbox"/> Non School based Dept. Head | <input type="checkbox"/> Principal | <input type="checkbox"/> Secretary / Support Staff |
| <input type="checkbox"/> Superintendent | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Teacher | <input type="checkbox"/> Vice / Assistant Principal |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Other (specify) _____ | | |

Date Reported (mm/dd/yyyy) _____

First Reported to: First Name _____

First Reported to: Last Name _____

- | | | | |
|---------------------------------------------------------|--------------------------------------------------------|------------------------------------------------------|------------------------------------|
| <input type="checkbox"/> Caretaking / Facility Operator | <input type="checkbox"/> Lunch / Playground Supervisor | <input type="checkbox"/> Non-School Based Dept. Head | <input type="checkbox"/> Principal |
| <input type="checkbox"/> Secretary / Support Staff | <input type="checkbox"/> Superintendent | <input type="checkbox"/> Support Counsellor | <input type="checkbox"/> Teacher |
| <input type="checkbox"/> Vice / Assistant Principal | <input type="checkbox"/> Volunteer | | |
| <input type="checkbox"/> Other (specify) _____ | | | |

Supervisor's First Name* _____

Supervisor's Last Name* _____

Supervisor's Email* _____

NEW EARS FORM MARCH 2016

INCIDENT REPORT (Non-Injury)

Report Event / ID No: _____

Note: all items in ***bold italic*** and with an ***asterisk*** are required fields and **must** be completed

Information

School/Site* _____
Date of Event*
 (mm/dd/yyyy) _____ **Time of Event*** (12 hr. clock am or pm) _____

Involved Person

Was a person Involved ☐ Yes ☐ No

Involved Person is a:

- ☐ Contractor If Involved Person is a Contractor, Name of Company _____
- ☐ Employee Employee ID _____ Employee Department / Service Unit _____
- ☐ Student Student's Date of Birth (mm/dd/yyyy) _____ Grade (Pre-K, K, 1 – 13) _____
- ☐ Unknown Third Party
- ☐ Visitor
- ☐ Volunteer
- If there are multiple involved persons (student, employee or other) associated with this event, complete another form for each involved person and attach it to this report
 - If there is a hazard associated with this event complete a HAZARD FORM and attach to this report.

First Name* _____ **Last Name*** _____

Gender ☐ Male ☐ Female ☐ Other (Specify) _____

Location

Did this event occur at School? (where) ☐ Yes ☐ No If No, give location details

- | | | | |
|------------------------------------------------|-----------------------------------------------------|-------------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Administration Office | <input type="checkbox"/> Boot Room / Mud Room | <input type="checkbox"/> Cafeteria / Concession | <input type="checkbox"/> Change / Locker Room |
| <input type="checkbox"/> Classroom – portable | <input type="checkbox"/> Classroom – regular | <input type="checkbox"/> Creative Playground | <input type="checkbox"/> Crosswalk |
| <input type="checkbox"/> CTS Lab | <input type="checkbox"/> Custodian / Caretaker Room | <input type="checkbox"/> Fine Arts Room | <input type="checkbox"/> Fitness / Weight Room |
| <input type="checkbox"/> Gymnasium | <input type="checkbox"/> Hallway | <input type="checkbox"/> Library | <input type="checkbox"/> Mechanical Room |
| <input type="checkbox"/> Parking Lot – staff | <input type="checkbox"/> Parking Lot – student | <input type="checkbox"/> Playing Field | <input type="checkbox"/> Roof |
| <input type="checkbox"/> Science Lab | <input type="checkbox"/> Sidewalk | <input type="checkbox"/> Staff Room | <input type="checkbox"/> Stairs – exterior |
| <input type="checkbox"/> Stairs – interior | <input type="checkbox"/> Stairs – portables | <input type="checkbox"/> Storage Room | <input type="checkbox"/> Tarmac |
| <input type="checkbox"/> Theatre / Stage | <input type="checkbox"/> Washroom | Other (specify) _____ | |

Incident Information

Type of Incident*

- | | | | |
|---------------------------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> 3 rd Party Vehicle Damage | <input type="checkbox"/> Abduction / Attempted Abduction | <input type="checkbox"/> Alleged Misconduct | <input type="checkbox"/> Behaviour Issues (no Injuries) |
| <input type="checkbox"/> Bullying | <input type="checkbox"/> Custody Issues | <input type="checkbox"/> Cyber Bullying | <input type="checkbox"/> Hold & Secure (see below) |
| <input type="checkbox"/> Human Rights Issues | <input type="checkbox"/> Infectious Disease Exposure | <input type="checkbox"/> Lockdown – External (see below) | <input type="checkbox"/> Lockdown – Internal (see below) |
| <input type="checkbox"/> Parental Disagreement | <input type="checkbox"/> Police Incident | <input type="checkbox"/> School Evacuation | <input type="checkbox"/> Shelter-In-Place |
| <input type="checkbox"/> Suicide Attempt | <input type="checkbox"/> Suicide - Threat | <input type="checkbox"/> Threat of Violence | <input type="checkbox"/> Other Specify _____ |

If Lockdown, or Hold and Secure, choose one of the following: ☐ Armed Intruder ☐ Local Emergency

☐ Intruder ☐ Other specify _____

Incident Classification* (see below for help with classification) ☐ Low ☐ Medium ☐ High

An Impact Classification is assigned to the Incident based on the reaction to the incident and the amount of discussion and attention paid to the matter.
LOW - A low classification is an incident which causes minimal interruption to regular school operations. Low classification incidents would not result in police or media involvement and would not affect a large number of students or staff.

MEDIUM - A medium classification is an incident which causes a short-term interruption of regular school operations. Medium classification incidents could cause some amount of general anxiety and/or discussion among students and staff to an extent that school operations are affected.

HIGH - A high classification is an incident which causes an interruption of regular school operations and would cause anxiety and/or discussion among students and staff to an extent that school operations are greatly affected.

Description of Incident*

Were Police Involved?* ☐ Yes ☐ No ☐ Unknown **Drugs / Alcohol involved?*** ☐ Yes ☐ No

Weapon Involved?* ☐ Yes ☐ No ☐ Unknown

If yes, type of Weapon?* ☐ Baton ☐ Gun ☐ Knife **Other (specify)?***

External Agencies Contacted

☐ Agency Director ☐ Health Region ☐ Security Services ☐ Child Welfare
☐ Police ☐ Student's Family ☐ Crisis Unit ☐ Probation Officer
☐ Therapist ☐ Other Contact (specify)

Internal Department / Service Unit Contacted

☐ Area Superintendent ☐ Human Resources ☐ Maintenance Dept. ☐ Director
☐ Instructional Services ☐ Risk Management ☐ Health & Safety ☐ Labour Relations
☐ Other Resource (specify)

Media / Legal

Media has been involved or likely to be involved?* ☐ Yes ☐ No If Yes _____

Legal Action has been threatened?* ☐ Yes ☐ No If Yes _____

Witness(es) (Use separate sheet if more than one witness)

Were there any Witnesses? ☐ Yes ☐ No ☐ Unknown

Witness First Name _____ Witness Last Name _____

Phone Number _____ Email _____



**CALGARY CATHOLIC
SCHOOL DISTRICT**

Witness Roll

(if there is another witness, please complete another witness section and attach it to this form)

☐ Bystander ☐ Contractor ☐ Daycare ☐ Employee ☐ Neighbour

NEW EARS FORM MARCH 2016

INCIDENT REPORT (Non-Injury)

Submission

Submitter's First Name* _____ **Submitter's Last Name*** _____

Submitter's Work Email* _____ **Submitter's Phone** _____

First Reported to*

<input type="checkbox"/> Caretaking / Facility Operator	<input type="checkbox"/> Coach	<input type="checkbox"/> Contractor	<input type="checkbox"/> Family Member
<input type="checkbox"/> Lunch / Playground Supervisor	<input type="checkbox"/> Non School based Dept. Head	<input type="checkbox"/> Principal	<input type="checkbox"/> Secretary / Support Staff
<input type="checkbox"/> Superintendent	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Teacher	<input type="checkbox"/> Vice / Assistant Principi
<input type="checkbox"/> Volunteer	<input type="checkbox"/> Other (specify) _____		

**Date Reported
(mm/dd/yyyy)**

**First Reported: First
Name**

**First Reported: Last
Name**

Supervisor

<input type="checkbox"/> Caretaking / Facility Operator	<input type="checkbox"/> Lunch / Playground Supervisor	<input type="checkbox"/> Non-School Based Dept. Head	<input type="checkbox"/> Principal
<input type="checkbox"/> Secretary / Support Staff	<input type="checkbox"/> Superintendent	<input type="checkbox"/> Support Counsellor	<input type="checkbox"/> Teacher
<input type="checkbox"/> Vice / Assistant Principal	<input type="checkbox"/> Volunteer		
<input type="checkbox"/> Other (specify) _____			

Supervisor's First Name* _____ **Supervisor's Last Name*** _____

Supervisor's Email* _____

☐ Student ☐ Supervisor ☐ Unknown ☐ Volunteer

Date of Report: _____

Report Approved by: _____ (print clearly)

Position: _____ (print clearly)



NEW EARS FORM MARCH 2016

MOTOR VEHICLE DAMAGE ACCIDENT REPORT

Report Event / ID No: _____

Note: all items in *bold italic* and with an *asterisk* are required fields and must be completed

School/Site* _____
Date of Event* _____
(mm/dd/yyyy) _____ **Time of Event*** (12 hr. clock am or pm) _____
Date Reported _____
(mm/dd/yyyy) _____

First Reported to* (please specify below)

- | | | | |
|---------------------------------------------------------|------------------------------------------------------|-------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Caretaking / Facility Operator | <input type="checkbox"/> Coach | <input type="checkbox"/> Contractor | <input type="checkbox"/> Family Member |
| <input type="checkbox"/> Lunch / Playground Supervisor | <input type="checkbox"/> Non School based Dept. Head | <input type="checkbox"/> Principal | <input type="checkbox"/> Secretary / Support Staff |
| <input type="checkbox"/> Superintendent | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Teacher | <input type="checkbox"/> Vice / Assistant Principal |
| <input type="checkbox"/> Volunteer | <input type="checkbox"/> Other (Specify) _____ | | |

Reported To: First Name _____ Reported To: Last Name _____

Accident Information

Type of Vehicle Accident*

- | | | | |
|------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------|-------------------------------|
| <input type="checkbox"/> Break-in | <input type="checkbox"/> Collision (multiple vehicles) | <input type="checkbox"/> Collision (single vehicle) | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Flood | <input type="checkbox"/> Theft | <input type="checkbox"/> Vandalism | |
| <input type="checkbox"/> Other (specify) _____ | | | |

Description of Accident*

Police Notified* ☐ Yes ☐ No Officer Name _____ Police Report No. _____

Road Conditions

Dry ☐ Gravel ☐ Icy ☐
Mud ☐ Wet ☐ Snow Covered ☐

Weather

Clear ☐ Cloudy ☐ Fog/Mist ☐ Hail ☐
Rain ☐ Sleet ☐ Snow ☐

Damage to Property other than Vehicle?* Yes ☐ No ☐

If Yes Details*



NEW EARS FORM MARCH 2016

MOTOR VEHICLE DAMAGE ACCIDENT REPORT

Location

Did this event occur at School? (where)* ☐ Yes ☐ No *If No, give location details**

☐ Parking Lot – Staff

☐ Parking Lot – Student

☐ Playing Field

☐ Sidewalk

☐ Tarmac

☐ Other (specify) _____

Media

Is Media involved or likely to be involved? ☐ Yes ☐ No ☐ Unknown

Other Media Information _____

Submitter's Details

Submitter's First Name* _____

Submitter's Last Name* _____

Submitter's Work Email* _____

Submitter's Phone _____

Submitter's Supervisor

☐ Caretaking / Facility Operator

☐ Lunch / Playground Supervisor

☐ Non-School based Dept. Head

☐ Principal

☐ Secretary / Support Staff

☐ Superintendent

☐ Support Counsellor

☐ Teacher

☐ Team Leader

☐ Vice / Assistant Principal

☐ Volunteer

☐ Other (specify) _____

Supervisor's First Name* _____

Supervisor's Last Name* _____

Supervisor's Work Email* _____

Involved Person

Involved Person is a:

☐ Contractor

If Involved Person is a Contractor, Name of Company _____

☐ Employee

Employee ID _____

Employee Department /Service Unit _____

Covered by WCB?

☐ Yes

☐ No

☐ Unknown

☐ Student

Student's Date of Birth (mm/dd/yyyy) _____

Grade (Pre-K, K, 1- 13) _____

☐ Third Party

☐ Visitor

☐ Volunteer

If Involved Person was a Driver

Driver's License No/ _____

If Involved Person was a Passenger

Was the Passenger Wearing a Seatbelt? ☐ Yes

☐ No

☐ Unknown

Passenger in Which Vehicle? ☐ District / Board Vehicle

☐ Third Party Vehicle



NEW EARS FORM MARCH 2016

MOTOR VEHICLE DAMAGE ACCIDENT REPORT

Role of Involved Person* ☐ District / Board Driver ☐ Third Party Driver ☐ Passenger ☐ Pedestrian

Involved Person's
First Name*

Involved
Person's Last
Name*

Gender

☐ Male

☐ Female

☐ Other (specify) _____

Phone Number _____

Vehicle Information (if Involved Person is a Driver)

Vehicle Type ☐ Bus ☐ Car ☐ SUV ☐ Trailer ☐ Truck ☐ Van ☐ Tractor

Vehicle Owner ☐ Third Party

Insurance Company _____

Policy Number _____

☐ District / Board

Unit Number _____

☐ Rental

Rental Company _____

Phone Number _____

Make _____

Model _____

Year _____

Serial Number _____

Licence Plate Number _____

Province _____

Description of Vehicle
Damage

Injuries / First Aid

Person Injured?* ☐ Yes ☐ No ☐ Unknown

First Aid
Administered?*

☐ Yes

☐ No

☐ Unknown

Description of First Aid Administered*

First Aider's First Name*: _____

LAST Name*: _____

Qualified District First Aider*?

☐ Yes

☐ No

☐ Unknown

First Aid Qualification*

☐ Advanced

☐ Emergency

☐ Nurse

☐ Standard

☐ Wilderness

EMS Called?*

☐ Yes

☐ No

☐ Unknown

Transported by EMS? ☐ Yes

☐ No

☐ Unknown

If transported by EMS what was the destination? _____

Was there Other Transportation? _____

Was Further Medical Attention Sought*

☐ Yes

☐ No

☐ Unknown

If Further Medical Attention was Sought, please specify below*

☐ Chiropractor

☐ Dentist

☐ Doctor

☐ Physiotherapy

☐ Other (specify) _____

Were there any Pre-Existing Medical Conditions:

Legal / Workers Compensation

Has Legal action been threatened?*

☐ Yes ☐ No ☐ Unknown ☐ Details

Injury / Illness

Injury / Illness Type

- | | | | |
|-------------------------------------------------------------------|-------------------------------------------------------|---------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Aches / Pains | <input type="checkbox"/> Allergic Reaction | <input type="checkbox"/> Back / Spinal Injury | <input type="checkbox"/> Bleed, bruise or swelling |
| <input type="checkbox"/> Breathing difficulties / Asthma | <input type="checkbox"/> Broken or fractured bones | <input type="checkbox"/> Burn | <input type="checkbox"/> Concussion |
| <input type="checkbox"/> Cut / Laceration / Irritation | <input type="checkbox"/> Dislocated / Separated Joint | <input type="checkbox"/> Dizziness / Light headed | <input type="checkbox"/> Eye Injury |
| <input type="checkbox"/> Fainting, loss of consciousness | <input type="checkbox"/> Fatality | <input type="checkbox"/> Headache | <input type="checkbox"/> Hearing loss |
| <input type="checkbox"/> Irritation of throat / eye / skin / nose | <input type="checkbox"/> Permanent disability | <input type="checkbox"/> Scrape or bump | <input type="checkbox"/> Seizure |
| <input type="checkbox"/> Strain or sprain | <input type="checkbox"/> Tooth / Teeth Injury | <input type="checkbox"/> Vomiting / Nausea | <input type="checkbox"/> Wound |
| <input type="checkbox"/> Other (specify) _____ | | | |

Body Part (please circle left or right where applicable)

- | | | | | | | |
|---------------------------------------------------------|---------------------------------------------|---------------------------------------------------|---------------------------------------------------|------------------------------------------------|-----------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> Abdomen / Stomach | <input type="checkbox"/> Ankle Left / Right | <input type="checkbox"/> Arm – lower Left / Right | <input type="checkbox"/> Arm – upper Left / Right | <input type="checkbox"/> Back | <input type="checkbox"/> Buttocks Left / Right | <input type="checkbox"/> Cheek(s) Left / Right |
| <input type="checkbox"/> Chest Area | <input type="checkbox"/> Chin | <input type="checkbox"/> Collarbone Left / Right | <input type="checkbox"/> Ear(s) Left / Right | <input type="checkbox"/> Elbow Left / right | <input type="checkbox"/> Eye(s) Left / Right / Both | <input type="checkbox"/> Finger(s) / Thumb Left hand / Right hand |
| <input type="checkbox"/> Foot Left / Right | <input type="checkbox"/> Groin Left / Right | <input type="checkbox"/> Hand Left / Right | <input type="checkbox"/> Head | <input type="checkbox"/> Hip Left / Right | <input type="checkbox"/> Knee Left / Right | <input type="checkbox"/> Leg – lower calf Left / Right |
| <input type="checkbox"/> Leg – upper thigh Left / Right | <input type="checkbox"/> Mouth | <input type="checkbox"/> N/A | <input type="checkbox"/> Neck / Throat | <input type="checkbox"/> Nose | <input type="checkbox"/> Possible Internal Injuries | <input type="checkbox"/> Shoulder Left / Right |
| <input type="checkbox"/> Side / Ribs | <input type="checkbox"/> Teeth | <input type="checkbox"/> Toes | <input type="checkbox"/> Wrist | <input type="checkbox"/> Other (specify) _____ | | |

- If there are **multiple involved persons** (student, employee or other) associated with this event, complete the appropriate / respective injury form for each involved person and attach to this report
- If there is a **hazard** associated with this injury complete a **HAZARD FORM** and attach to this report

Witness* (Use separate sheet if more than one witness)

Were there any witnesses*? ☐ Yes ☐ No

Witness **FIRST** Name: _____ Witness **LAST** Name: _____

Phone Number _____

Email _____

Witness Roll*

- | | | | | |
|------------------------------------|-------------------------------------|----------------------------------|------------------------------------|------------------------------------|
| <input type="checkbox"/> Bystander | <input type="checkbox"/> Contractor | <input type="checkbox"/> Daycare | <input type="checkbox"/> Employee | <input type="checkbox"/> Neighbour |
| <input type="checkbox"/> Student | <input type="checkbox"/> Supervisor | <input type="checkbox"/> Unknown | <input type="checkbox"/> Volunteer | |

Date of Report: _____

Report Approved by: _____ (print clearly) Position (print clearly)



NEW EARS FORM MARCH 2016

PROPERTY LOSS/DAMAGE REPORT

Report Event / ID No: _____

Note: all items in ***bold italic*** and with an ***asterisk*** are required fields and **must** be completed

Information

School/Site* _____

Date of Event*
(mm/dd/yyyy) _____ ***Time of Event**** (12 hr. clock am or pm) _____

Type of Loss*

☐ Accidental Breakage

☐ Break ==in

☐ Fire

☐ Flood

☐ Hail

☐ Sewage Back-Up

☐ Theft

☐ Utility Failure

☐ Vandalism

☐ Wind

☐ Other
(specify) _____

Loss / Damage Details*

Fire Department Contacted* ☐ Yes ☐ No ☐ Unknown

Fire Department File
Number _____

Police Notified* ☐ Yes ☐ No ☐

Police Case No. _____

Service Request Number _____

Location of Loss / Damage

Did loss occur at School?* ☐ Yes, if Yes, give location below

☐ No, If No, Location Details*

☐ Administration Office

☐ Boot Room / Mud Room

☐ Cafeteria / Concession

☐ Change / Locker Room

☐ Classroom – portable

☐ Classroom – regular

☐ Creative Playground

☐ Crosswalk

☐ CTS Lab

☐ Custodian / Caretaker Room

☐ Fine Arts Room

☐ Fitness / Weight Room

☐ Gymnasium

☐ Hallway

☐ Library

☐ Mechanical Room

☐ Parking Lot – staff

☐ Parking Lot – student

☐ Playing Field

☐ Roof

☐ Science Lab

☐ Sidewalk

☐ Staff Room

☐ Stairs – exterior

☐ Stairs – interior

☐ Stairs – portables

☐ Storage Room

☐ Tarmac

☐ Theatre / Stage

☐ Washroom

☐ Other (specify) _____



NEW EARS FORM MARCH 2016

PROPERTY LOSS/DAMAGE REPORT

Property Damage (If there are more than 3 items damaged, please attach a full listing on another page)

Type of Property

- | | | | |
|-----------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------|------------------------------------|
| <input type="checkbox"/> Building Damage | <input type="checkbox"/> Educational Materials / Books | <input type="checkbox"/> Electronic Equipment | <input type="checkbox"/> Furniture |
| <input type="checkbox"/> Musical Instruments | <input type="checkbox"/> Playground Equipment | <input type="checkbox"/> Sports Fields | |
| <input type="checkbox"/> Other (specify) Type of Property _____ | | | |

Description Of Item / Property Damage

Make _____ Model _____ Serial No _____

Owned by* ☐ District / School Board ☐ Employee ☐ Student ☐ Third Party ☐ Unknown

Owner's First Name _____ Owners Last Name _____

Make _____ Model _____ Serial No _____

Owned by* ☐ District / School Board ☐ Employee ☐ Student ☐ Third Party ☐ Unknown

Owner's First Name _____ Owners Last Name _____

Make _____ Model _____ Serial No _____

Owned by* ☐ District / School Board ☐ Employee ☐ Student ☐ Third Party ☐ Unknown

Owner's First Name _____ Owners Last Name _____

Restitution

Is Restitution being sought? ☐ Yes ☐ No ☐ Unknown

Restitution is being sought from:

First Name _____ Last name _____

House Address/ City / Province /
Postal _____

Email Address _____



NEW EARS FORM MARCH 2016

PROPERTY LOSS/DAMAGE REPORT

Submission

Submitter's Details

Submitter's First Name*

Submitter's Work
Email

Submitter's Last Name*

Phone Number

First Reported To*

- ☐ Caretaking / Facility Operator
☐ Lunch / Playground Supervisor
☐ Security
☐ Teacher

- ☐ Contractor
☐ Non-School based Department Head
☐ Superintendent
☐ Vice / Assistant Principal

- ☐ Emergency Repair Work Order Desk
☐ Principal
☐ Supervisor
☐ Volunteer

- ☐ Family Member
☐ Secretary / Support Staff
☐ Support Counsellor

☐ Other (specify) _____

Date Reported (dd/mm/yyyy)

First Reported to: First Name

First Reported to: Last Name

Supervisor

- ☐ Caretaking / Facility Operator
☐ Secretary / Support Staff
☐ Vice / Assistant Principal

- ☐ Lunch / Playground Supervisor
☐ Superintendent
☐ Volunteer

- ☐ Non-School based Department Head
☐ Support Counsellor
☐ Other (specify) _____

- ☐ Principal
☐ Teacher

Supervisor's First Name*

Supervisor's Last Name*

Supervisor's Email*

Injury Report Instructions

The numbers refer to question numbers on the form that may require additional explanation.

Worker Details

1 Have your work duties been modified?

Your duties have been modified if your employer made changes to regular job duties, as a result of an injury. For example, tasks or functions, workload (e.g., hours or work schedules), environment or work area, equipment.

Please indicate if you are working as an apprentice.

Employer Details

2 Please complete all the information.

Accident Details

3 Date and time of accident

If your injury developed over a period of time, indicate either the date of first medical treatment or the date you first reported it to your employer and check the box at the right. On the next line, give your start and end times on the day of the accident.

4 Date accident/injury reported to employer

Please provide an accurate date and time someone from your work was made aware of your injury. Name the person, their position and their contact information.

If you could not report your injury immediately, please provide a reason.

5 Describe fully what happened to cause the injury

In your own words, tell us about your injury. If a repetitive strain injury, include your typical actions and how often you repeat them on the job – twisting, typing, pushing and pulling. If any lifting, indicate the weight.

Example: I walked into our walk-in cooler to get a 50 lb. sack of potatoes. I bent down, picked up the sack, and turned to my right to leave. I felt a pull in my lower back and dropped the potatoes on my right foot. As a result, I injured my back and my right foot.

Should you need more space than the area provided, please attach a letter.

Call the Claims Contact Centre 780-498-3999 or 1-866-922-9221 if you are reporting one of the following:

1. Repetitive strain injury

For example, a typist developed tendonitis in the wrist as a result of job duties. Describe fully the job duties done each day. Include the time spent at each task.

2. Occupational disease

Describe hearing loss, respiratory problems, etc. due to prolonged exposure to gas, chemicals, loud noises, etc.

3. Motor vehicle accident

Send us a copy of the police report, when available. Fill out the Automobile Accident Report in this booklet.

6 Location of accident

Wherever the accident occurred, please provide a street address, if possible. Otherwise, indicate the location, such as 25 km east of Edmonton on Hwy 16, an oilrig site. If it is a motor vehicle accident, include the direction of travel.

Injury Details

Indicate the part of your body that was injured, what side of your body and what type of injury it is. When your doctor or chiropractor sends in your medical report we will confirm your injury.



Workers'
Compensation
Board
Alberta

P.O. BOX 2415
EDMONTON AB T5J 2S5
Phone 780-498-3999 (in Edmonton)
1-866-922-9221 (toll free in Alberta)
1-800-661-9608 (outside Alberta)
Fax 780-427-5863 or 1-800-661-1993

September 2014

WORKER REPORT

of Injury or Occupational Disease C060

Seven Digit Claim #:

Worker Details		Past the date of injury: Have you been off work? <input type="checkbox"/> Yes <input type="checkbox"/> No		1 Have your work duties been modified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Name:		First Name:		Initial:	
Mailing Address: Apt# _____		Social Insurance #:			
City:	Province:	Postal Code:	Personal Health #:		
Phone Number:	Date of Birth: (Year / Month / Day)		Gender: <input type="checkbox"/> M <input type="checkbox"/> F		
Occupation and job description:					
Are you an apprentice? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date you would have obtained journeyman status: (Year / Month / Day)					
Date hired: (Year / Month / Day) Are you a partner or director in the business? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Do you have personal coverage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, coverage number:					
Employer Details		2 Employer Business Name:			
Mailing Address:					
City:	Province:	Postal Code:			
Contact Name:	Title:	Phone:	E-mail:		
Accident Details					
3 Date/time of accident: (Year / Month / Day) Time: ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. or <input type="checkbox"/> the injury/condition developed over time					
Date/time scheduled shift started (if applicable): (Year / Month / Day) Time: ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.					
Date/time scheduled shift ended (if applicable): (Year / Month / Day) Time: ____:____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.					
4 Date accident/injury reported to employer: (Year / Month / Day)					
Name of person and their position: Phone Number:					
If not reported immediately, give the reason:					
5 Describe fully, based on the information you have, what happened to cause this injury or disease. Please describe what you were doing, including details about any tools, equipment, materials, etc. you were using. State any gas, chemicals or extreme temperatures you may have been exposed to:					
<input type="checkbox"/> Motor vehicle accident? <input type="checkbox"/> Cardiac condition/injury? <input type="checkbox"/> Claimed to another WCB? Province: _____					
If you have more information or a list of witnesses, please attach a letter. Please check this box if letter is attached. <input type="checkbox"/>					
Have you had a similar injury before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a letter with details.					
Was the work you were doing for the purpose of your employer's business? <input type="checkbox"/> Yes <input type="checkbox"/> No Was it part of your usual work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Did the accident/injury occur on employer's premises? <input type="checkbox"/> Yes <input type="checkbox"/> No					
6 Location where the accident happened (address, general location or site):					
Full name of treating hospital or healthcare professional:					
Address:					
Phone:					
Injury Details		What part of body was injured? (hand, eye, back, lungs, etc.) <input type="checkbox"/> Left side <input type="checkbox"/> Right side			
What type of injury is this? (sprain, strain, bruise, etc.)					



REV SEPT 2014

Complete all three pages and sign the form before sending.
If your injury is the result of a motor vehicle accident, complete the Motor Vehicle Accident Report (L-054).

Please fill in your name, Social Insurance Number and date of birth
at the top of each page of the form in case the pages get separated.

Remember to complete all three pages and sign the form before sending.

7 Return-to-Work Details

Please complete all the information that applies.

Employment Details

8 Complete one of the following A or B or C.

- Complete **A** if you work 12 months per year with the same employer.
- Complete **B** if you work only part of the year (subject to seasonal or lack of work layoffs).
- Complete **C** if you are self-employed, are a sub-contractor or do piecework.

Earnings Details

9 b) Additional taxable benefits:

Vacation and statutory holiday pay

Please indicate if you are paid holiday and stat pay as an additional percentage on your paycheque or, if these days are included as days off with pay.

Shift premiums

Complete if you receive pay in addition to your regular rate of pay (e.g., 50¢ paid per hour for night shift). Provide your gross shift premium earnings for one year prior to the date of injury (less if you have not worked a full year).

Overtime

Complete only if you work the same number of hours overtime each week, month or shift cycle.

c) Second job

Provide a contact name and telephone number for a second job. If this injury causes you to miss earnings from that job, WCB-Alberta will consider these earnings when your compensation rate is set. Your second employer may be contacted.

If you do not know your hours of work and wage information, you can get them from your employer.

Hours of Work Details

10 a) Number of hours

Indicate your regular hours of work.
Do not include overtime here.

Worker's Last Name:	Worker's First Name:	Initial:
Social Insurance #:	Date of Birth: <small>(Year / Month / Day)</small>	

Return to Work Details*Please complete all that apply*

7 a. Will/did your employer pay you while off work? ☐ No ☐ Yes, pre-accident wages ☐ Unknown

b. Date and time you first missed work: (Year / Month / Day) Time: ____ : ____ ☐ a.m. ☐ p.m.

c. If you have returned to work indicate date: (Year / Month / Day) Time: ____ : ____ ☐ a.m. ☐ p.m.

Current work status: ☐ Regular work duties, or ☐ Modified work duties ☐ Regular hours of work, or ☐ Modified hours of work: ____ hrs per ____

☐ Pre-accident rate of pay, or ☐ Revised rate of pay: \$ ____ per ____

If you are working modified duties please describe:

Employment Type Details*(Complete A or B or C. Select your type of employment.)*

8 A Permanent position employed 12 months of the year:

☐ Permanent full-time ☐ Permanent part-time ☐ Irregular/casual

or **B** Non-permanent position employed only part of the year (subject to seasonal or lack of work layoffs):

☐ Seasonal worker ☐ Summer student ☐ Temporary position

Had this injury not occurred, your last day of employment would have been:

Position start: (Year / Month / Day) Position end: (Year / Month / Day) ☐ Estimated, or ☐ Actual

How many months or days are workers employed in this position? ____

or **C** Special employment circumstance:

☐ Sub contractor ☐ Vehicle owner/operator ☐ Welder owner/operator ☐ Commission ☐ Piece work ☐ Volunteer ☐ Self-employed

Do you incur expenses to perform the work (materials, tools, etc.)? ☐ Yes ☐ No Will you receive a T4? ☐ Yes ☐ No

Note: If you have checked any box in 8C please submit a detailed income and expense statement.

Earning Details

a. Your rate of pay at time of accident: \$ ____ per ☐ Hour ☐ Day ☐ Week ☐ Month ☐ Year

9 b. Additional taxable benefits:

Vacation Pay: ☐ Taken as time off with pay ☐ Paid on a regular basis % ____

☐ Shift Premium ☐ Overtime ☐ Other Please describe:

c. Do you have a second job? (Second employer may be contacted) ☐ Yes ☐ No If yes – Employer's Name: Phone: ____

d. Did you miss time from this second job? ☐ Yes ☐ No If yes, please attach earning information and time missed details.

Hours of Work Details

10 a. Number of hours (not including overtime): ____ per week

Describe your work schedule (e.g., Monday to Friday, on. Saturday to Sunday, off.):



C 0 6 0

BPPV REPORT 0014

Complete all three pages and sign the form before sending.

Worker's Last Name:	Worker's First Name:	Initial:
Social Insurance #:	Date of Birth:	(Year / Month / Day)

Declaration and Consent

I declare that the information in the Worker Report of Injury or Occupational Disease form will be true and correct.

I understand that:

- While I am receiving any benefits from WCB-Alberta, it is my obligation to inform WCB-Alberta immediately if I return to work of any kind, become capable of working or if there is any other change in my employment status. Work includes but is not limited to any activity in which labour or services are provided, whether or not payment of any kind is received.
- Criminal prosecution may result from any attempt on my part to collect benefits by providing false information, failing to provide information regarding my ability to work, or other fraudulent means.
- My employer may request a review or appeal of any decisions made on my claim and may therefore examine my claim file. My claim file may also be examined by anyone with a direct interest, as determined by WCB-Alberta, or a person or company I have authorized to review my claim file. (To provide authorization, use the Worker's Information Release form in the *Worker Handbook*).
- My social insurance number may be used for reporting to Canada Revenue Agency.
- WCB-Alberta may collect information that it considers relevant to determine benefit entitlement, including information pre-dating my accident, from any source including physicians, other health care providers, employer(s) and vocational rehabilitation service providers. This information is collected to determine my entitlement to compensation under the *Workers' Compensation Act*.

WCB-Alberta may use and disclose the information collected to determine entitlement, to provide services and benefits and, as required or authorized by law. This information may be used and disclosed pursuant to the *Workers' Compensation Act* and the *Freedom of Information and Protection of Privacy Act*.

Date: (Year / Month / Day)

Name (please print): _____

Signature: _____

Signing the above consent enables the Workers' Compensation Board to process your claim.

NOTE: The information required in the *Worker Report of Injury or Occupational Disease* is collected under sections 33(a) and (c) of the *Freedom of Information and Protection of Privacy Act* for the purpose of determining entitlement to compensation and for determining employers' premium rates. Questions may be directed to the Claims Contact Centre as noted on the front of this form and on the back of the *Worker Handbook*. The information provided to the Workers' Compensation Board is protected by the provisions of the *Freedom of Information and Protection of Privacy Act*.

This report form is part of a booklet of information intended to help workers with completing the necessary WCB-Alberta forms and understanding the process. Keep the booklet for your reference.



C 0 6 0 REV SEPT 2014