



SECTION:	Human Resources General	APPROVAL DATE:
SUBSECTION:	Staff Health and Safety	January 8, 1996
POLICY NAME:	Accident Prevention, Reporting and Instigation	LAST REVISED:
POLICY NUMBER:	APP.B.HRG.C.3	June 7, 1999

ACCIDENT PREVENTION, REPORTING, AND INSTIGATION

All Employee Incidents/Accidents must be reported on this form and faxed to the Human Resources Department (837-4158) **ON THE SAME DAY OF THE ACCIDENT.**

1. Facility/School		2. Location (place of accident)		
3. Name of Employee		4. Occupation		
5. Date of Accident	6. Time	7. First Aid (yes/no)	8. Medical (yes/no)	9. Lost-time (yes/no)
10. Describe the Injury (include the part of the body and the nature of the injury).				
11. Describe the cause of the injury (include the task, materials, equipment and conditions.)				
12. Describe actions taken or which will be taken to prevent re-occurrence.				
13. Names of witnesses				
14. Other comments				

Authorization for the collection of the information on this form is in keeping with the Freedom of Information Legislation and the WSIB Act and Regulations. The information may be released to any agents contracted by the Board for the purpose of claims management. For further information contact the Human Resources Department.

Principal/Supervisor

Employee

Date