

SECTION A: To be completed by Employee

Employee Details

Name of Injured _____ Position _____
Date of Incident _____ Time of Incident _____ AM PM
School _____ Location of Incident _____

Incident Details

This section is mandatory, please select one of the following:

- Near Miss Environmental Property Damage Missed Work
 First Aid Medical Attention WCB

Student Details

Was a student involved? Yes No

Grade of Student _____

Please select one that best describes the student:

- Aggressive / Violent behavior Student has a Safety Plan
 Student has an Individual Program Plan Diagnosis / Difficulty _____

Witness and Report Details

Name of Witness _____ Title _____

Is a witness statement attached? Yes No

Incident reported to _____ Position _____

Date Reported _____ Time Reported _____ AM PM



Employee Incident Report

SECTION A continued:

Incident Details

Describe in full how the incident happened including events leading up to the incident.

Describe the injury in detail.

Employee Signature

Date

Please return this completed form to your Principal/Supervisor

SECTION B: To be completed by Principal/Supervisor

Incident Investigation

Comments and findings:

Direct or immediate causes (substandard acts or conditions):

Indirect or underlying causes (personal or work-related factors):

Recommendations:

Corrective actions:

Action Item	Assigned To	Completed On

Principal/Supervisor Signature

Date

Status

Complete Further investigation required / Superintendent's review

Email to safety@sturgeon.ab.ca