

Employee Incident Report

SECTION A: To be completed by Employee

Employee Details

Name of Injured _____ Position _____

Date of Incident _____ Time _____

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

Incident Investigation

Comments and findings:

Direct or immediate causes (substandard acts or conditions):

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

Recommendations:

SECTION B: To be completed by Principal/Supervisor

Corrective actions:

Action Item	Assigned To	Completed On

Principal/ Supervisor Signature

Date

Principal/Supervisor Name (please print)

Status

Complete Further investigation required / Superintendent's review

Email to safety@sturgeon.ab.ca