



# Notice of Injury/Incident

(Applicable to all ISD Staff)

Staff Member's Name: \_\_\_\_\_

ITA       IANTE       CUPE       ISDBDA       Non Union

Date of Injury/Incident: \_\_\_\_\_ Time \_\_\_\_\_ a.m. / p.m.

Location: \_\_\_\_\_

Description of Injury/Incident:

Near Miss:       Property Damage:  Yes  No

Time off work due to injury:  Yes  No      Medical Aid Required:  Yes  No

Names of Witnesses (if any): \_\_\_\_\_

Staff Member's Signature: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Supervisor is to email a copy of this report to the Safety Officer immediately upon receipt.**

[safetyofficer@isd21.mb.ca](mailto:safetyofficer@isd21.mb.ca)