

# INCIDENT REPORT

Parts 1-5 to be completed by Employee and submitted to Supervisor immediately following the incident.

Part 6 to be completed by Supervisor and forwarded to Colleen Cowie within 24 hours of incident.

- Use this form to report all incidents or near misses.
- Employees: complete Parts 1-5 and submit to Supervisor (button at the end of Part 5).
- Supervisors: complete Part 6, print, secure signatures, and scan & email to [ccowie@isd21.mb.ca](mailto:ccowie@isd21.mb.ca) for routing
- Prior to completing this fillable report, click [Enable Content](#) at top of form.

## 1. SCHOOL/EMPLOYEE INFORMATION

School/Site: [Click here to enter text.](#)

Employee: [Click here to enter text.](#)

Principal/Supervisor: [Click here to enter text.](#)

Position: [Click here to enter text.](#)

## 2. STUDENT INFORMATION (if applicable)

Student Name: [Click here to enter text.](#)

Grade: [Click here to enter text.](#)

Does the student have a Student Support Plan in place?  Yes  No

Was a Parent/Guardian informed of incident?  Yes  No

Name: [Click here to enter text.](#)

Relationship: [Click here to enter text.](#)

Informed by: [Click here to enter text.](#)

## 3. INCIDENT INFORMATION

Date of incident: [Click here to enter a date.](#)

Time of incident: [Click here to enter text.](#)

Date reported: [Click here to enter a date.](#)

Location of incident (classroom, playground, hallway)? [Click here to enter text.](#)

Type of incident (Check all that apply):

- Near miss - unplanned event that did not result in injury, illness or damage, but had the potential to do so
- No injury – property damage, equipment failure, vehicle incident
- First aid – scratch, bruise, minor sprain
- Moderate – major sprain, torn ligaments, burn
- Serious– death, electrical contact, unconsciousness due to concussion, fracture, amputation, third degree burn, loss of sight, cut requiring medical attention, fire, poisoning, explosion, chemical spill, structural collapse ([Manitoba Regulation 2017/2006 Section 2.6](#))
- Violent – the attempted or actual use of physical force against a person or any threatening statement or behavior that gives a person reasonable cause to believe that force may be used

Description of incident based on all available information (attach evidence if available):

[Click here to enter text.](#)

Name(s) of witness(es): [Click here to enter text.](#)

## 4. INJURY INFORMATION (if applicable)

Description of injury (indicate body part and right or left side):

[Click here to enter text.](#)

Name of person providing first aid and type of first aid: [Click here to enter text.](#)

Name of attending physician/hospital/clinic: [Click here to enter text.](#)

(a separate [WCB form](#) is also required for all employees other than ITA members)

## 5. MISSED WORK (if applicable)

Was work missed due to this injury:  Yes  No

Date left work: [Click here to enter a date.](#)

Time left work: [Click here to enter text.](#)

Date returned to work: [Click here to enter a date.](#)

Time returned to work: [Click here to enter text.](#)

**If any information changes, please contact your Supervisor.**

Submit

## 6. CORRECTIVE ACTION (to be completed by Supervisor)

Basic cause/antecedent (fully explain unsafe act, condition or personal factor which led to the incident):

[Click here to enter text.](#)

Corrective action(s) taken:

[Click here to enter text.](#)

Person(s) responsible to implement corrective action(s):

[Click here to enter text.](#)

Corrective action(s) will be implemented by (date): [Click here to enter a date.](#)

Print

### To be completed following printing:

Employee's name: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Employee's signature: \_\_\_\_\_ Supervisor's signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Date scanned and emailed to [ccowie@isd21.mb.ca](mailto:ccowie@isd21.mb.ca) : \_\_\_\_\_

### For Division Office use only:

#### For serious incidents only (as defined in Part 3):

WSH Chair's Name: \_\_\_\_\_ WSH Chair's Signature: \_\_\_\_\_

Date incident investigation form submitted to division office: \_\_\_\_\_

Date reported to Manitoba WSH (204-257-SAFE (7233)): \_\_\_\_\_

#### Follow-up steps taken (check all that apply):

- School follow-up...no further divisional action
- Divisional staff (Student Services, Human Resources, Safety Advisor) assisted with review, development or revision of plan, or follow-up steps
- Plan for student reviewed, developed or revised
- Safe work procedure (SWP) reviewed, developed or revised
- Equipment locked out, repaired or replaced
- Additional personal protective equipment (PPE) provided
- Additional training provided
- Other (provide brief details): \_\_\_\_\_
- Corrective measures shared with \_\_\_\_\_ by \_\_\_\_\_ on \_\_\_\_\_  
(reporter) (whom) (date)