



EMPLOYEE INCIDENT/NEAR MISS REPORT FORM – PART A
To be completed and signed by Employee.

Employee Name:	
Job Title:	
Work Location:	Injury Involved? <input type="checkbox"/> Yes, complete WSNB Form 67 and this form <input type="checkbox"/> No, complete this form only
Supervisor's Name:	Student involved? <input type="checkbox"/> Yes, student initials or number _____ <input type="checkbox"/> No

Incident/Accident Information:

Date: _____ Time: _____

Details and description of incident/accident including the activity or event occurring at the time of incident/accident:

If Violent Incident, please indicate nature:

<input type="checkbox"/> Verbal	<input type="checkbox"/> Struck	<input type="checkbox"/> Bitten	<input type="checkbox"/> Sexual
<input type="checkbox"/> Threat	<input type="checkbox"/> Kicked	<input type="checkbox"/> Spitting	<input type="checkbox"/> Pushed
<input type="checkbox"/> Racial	<input type="checkbox"/> Scratched	<input type="checkbox"/> Bullying	<input type="checkbox"/> Choked

If injury, details of treatment administered and actions taken by whom:

Witness contact info, if any:

Reported to Principal/Supervisor: Yes No Date: _____ Time: _____

Principal/Supervisor Name: _____

Employee Signature: _____ Date: _____
(Principal/Supervisor: see over)

ASD-W EMPLOYEE INCIDENT/ACCIDENT/NEAR MISS REPORT FORM - PART B
To be completed by Principal or Supervisor

Follow-up to employee incident/accident:

What additional actions were taken within 48 hours after the incident/accident occurred?

Copy submitted for review at next monthly meeting of JHSC, month of: _____

Signed: _____

 Student Conduct Issue

Attention Required by ESS Yes No

Copy given to ESS Team for appropriate action, date: _____

Signed: _____

Forward copy of completed form to the Human Resources Officer at your Education Centre