



## EMPLOYEE REPORT OF AN ACCIDENT OR HAZARDOUS EVENT

**(This form is to be completed for all employee and visitor accidents /incidents)**

**INSTRUCTIONS:** All accidents/events (employee, visitor, etc) require Sections I and II of this Accident/Event Report to be completed by the injured person **along with** an administrator or another employee of the establishment. Administration and witness (if any) is required to complete Section III on the reverse side, review the report for completeness and accuracy, sign and log this report in the accident/event log book within 24 hours of the accident/event. Note: the report (and pictures if any) should then be forwarded to Human Resources. Any copies of this report and any other related materials in conjunction with this report cannot be obtained without the authorization of NFSB Administration.

Establishment:		Today's date:	
<b>SECTION I - IDENTIFICATION OF INJURED EMPLOYEE</b>			
Last name:	First:	Middle:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
			Birth date: / / (YYYY) / (MM) / (DD)
Street address:		City:	Province:
Postal Code:	Home phone no.: ( )		Cell: ( )
Employment status (please check one box):			
<input type="checkbox"/> Teacher	<input type="checkbox"/> Professional	<input type="checkbox"/> Support staff	<input type="checkbox"/> Administrator
			<input type="checkbox"/> Maintenance/Custodial
			<input type="checkbox"/> Other _____

### SECTION II - ACCIDENT / EVENT DESCRIPTION

Date of Accident/event:  / / (YYYY) / (MM) / (DD)	Time of Accident/event:  _____AM _____PM	Date and hour reported (if after the fact):  _____
--	---	--

**Specific location of accident/event:**

What was the accident/event? Tell what part of the body that was affected and how it was affected; be more specific than "hurt", "pain", or "sore". Include "right side" or "left side" to indicate exact location on body.

---



---



---



---

Briefly explain what happened to cause the accident/event? Describe the person's activities at the time of the accident/event? (Include details of equipment or materials used, size and weight of objects being handled if relevant to the cause of accident; what object(s) or substance(s) directly harmed the employee – please be specific. E.G. "concrete floor"; "ice on sidewalk"; "cleaning product"; "heavy garbage bag", etc.)

---



---



---



---



---



---



---



---

Describe the person's activities at the time of the accident/event? (Include details of equipment or materials used, size and weight of objects being handled if relevant to the cause of accident)

---



---



---



---

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SECTION III – ADMINISTRATOR REPORT ON THE ACCIDENT/EVENT**

Did the Administrator or administrator representative see the accident/event?  Yes  No

Administrator's account of event which supplements and/or clarifies information provided by injured party (if an injury, explain activities occurring when injury occurred, what happened to cause this injury or illness, what was the injury or illness (i.e. state the part of the body affected and how it was affected):

---

---

---

---

---

---

---

---

---

---

What action was taken: Check all actions taken. (If more than one, indicate which action occurred 1st, 2nd, etc.)

- First-Aid – administered by \_\_\_\_\_
- Sent Home
- Sent to hospital/Physician (Name of Hospital/Physician) \_\_\_\_\_  
Mode of Transport:  Ambulance  NFSB personnel  Taxi  Other \_\_\_\_\_
- Continued activity (no action taken)

What action has been taken to prevent such an accident/event from recurring? Include specific details on how it was mediated, how the event can be avoided in the future. (Note that photos are highly recommended immediately following an event, if at all possible)

---

---

---

---

---

---

---

---

Is there anyone else who may have witnessed or who may know about the accident/event?  Yes  No

(Name(s), title(s) if employee(s); Address(es) and telephone number(s) of eyewitness(es))

---

---

---

---

Statement of witness (attach additional pages for statements and signatures, if necessary):

---

---

---

---

---

---

---

---

---

---

Signature of Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Administrator: \_\_\_\_\_ Date: \_\_\_\_\_