|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| A. INJURED WORKER/STUDENT INFORMATION | | | | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | | | | |
| **INVESTIGATOR’S NAME:** | | | | |  | | | | | | | | | | | |
| **DATE OF ACCIDENT :** | | | | | Click here to enter a date. | | | **SCHOOL**: | | | |  | | | | |
|  | | | | | | |  | | |  | | |  | | | |
| 1. **WORKER INFORMATION:** | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | | | | | | | | |
| Home Address: | |  | | | | | | | | | | | | | | |
| Date Of Birth: |  | | | | | | | | Home Phone: | | | | | |  | |
| Job Title: |  | | | | | | | | Employment Date: | | | | | |  | |
|  | | | | | | |  | | |  | | |  | | | |
| 1. **STUDENT INFORMATION:** | | | | | | | | | | | | | | | | |
| Student Name: | | |  | | | | | | | | Date of Birth: | | | | |  |
| Home Address: | | |  | | | | | | | | Home Phone: | | | | |  |
| Grade: | | |  | | | | | | | Class Teacher: | | | | | |  |
| Parents informed (by whom): | | | | | | | | | | | | | | | | |
| Was the pupil sent home?  YES  NO | | | | | | | | | | If yes how? (Parent, Teacher): | | | | | | |
|  | | | | | | |  | | |  | | |  | | | |
| B. INCIDENT INFORMATION | | | | | | | | | | | | | | | | |
| 1. Immediate supervisor/teacher’s name: | | | | | | | | | | | | | | | | |
| Witness (Name, address, phone #): | | | | | | | | | | | | | | | | |
| 1. Did the incident result in personal injury or hospitalization? YES  NO | | | | | | | | | | | | | | | | |
| 1. Did the incident involve property or equipment/vehicle damage? YES  NO   If yes explain: | | | | | | | | | | | | | | | | |
| 1. Location of the incident (room/area/address): | | | | | | | | | | | | | | | | |
| 1. Part of body injured (also indicate L or R side): | | | | | | | | | | | | | | | | |
| 1. Nature of injury (cut, bruise, hit, puncture, etc.) | | | | | | | | | | | | | | | | |
| 1. Was first aid administered? YES NO If yes by whom: | | | | | | | | | | | | | | | | |
| 1. If outside emergency assistance was required, provide details (ambulance/which hospital/attending doctor, etc.): | | | | | | | | | | | | | | | | |
| 1. Severity of Injury:   Minor (no treatment) First Aid Medical Aid Lost time Fatal | | | | | | | | | | | | | | | | |
| 1. Probability of Reoccurrence: Frequent Occasional Rare | | | | | | | | | | | | | | | | |
| 1. What happened? What was the cause of the accident? | | | | | | | | | | | | | | | | |
| 1. What defective or unsafe condition(s) of tools, equipment, machinery, and work area contributed to the accident (answers the question of why the incident happened.) | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | |
| C. CORRECTIVE MEASURES | | | | | | | | | | | | | | | | |
| 1. Recommendations to prevent recurrences of a similar incident: | | | | | | | | | | | | | | | | |
| 1. Corrective action taken at the worksite, (corrective actions must be implemented – they ensure the incident will not happen again.): | | | | | | | | | | | | | | | | |
| 1. Further actions/recommendations or comments: | | | | | | | | | | | | | | | | |
| 1. Drawings/photos (please include photos of the scene, equipment, injuries, etc.). | | | | | | | | | | | | | | | | |
| D. SIGNATURES – WSH COMMITTEE | | | | | | | | | | | | | | | | |
| Written By: | | | |  | | | | | | Date: | | | |  | | |
| Worker Co-Chair: | | | | | |  | | | | Date: | | | |  | | |
| Employer Co-Chair: | | | |  | | | | | | Date | | | |  | | |