

EMPLOYEE ACCIDENT/ INCIDENT REPORT

Form to be completed by worker *immediately* following the accident/incident, when possible.

Please email this report to: hrincidentreport@wqsb.qc.ca

(Human Resources & the OHS representative will receive a copy)

If this is an incident of aggression or violence, please also complete Section C of this form.

*If this is an incident of harassment, please see [Policy F-18](#) and complete the **Harassment Report Form** found within the policy.*

*Please **do not** include any student names or initials in this report. Use the student number, if applicable.*

SECTION A: EMPLOYEE IDENTIFICATION

Name: _____ Telephone: _____

Email: _____ Job Title: _____

Category: Teacher Professional Support Staff Management

SECTION B: DESCRIPTION OF ACCIDENT/INCIDENT

Date of Accident/Incident: _____ Time of Accident/Incident: _____

Location of Accident/Incident: _____

Describe the Accident/Incident:

Describe the Injury/Impact (If applicable):

Absence (s) from Work: No Yes If yes, please specify the date(s): _____

****NOTE:** For any absences or treatments that result from your accident/incident, a medical certificate from your physician may be requested from the Human Resources department.



Immediate Measures:

First Aid:

Method of Transportation to Health Services/Hospital/Home:

Witness(es) 1: Name: _____ Tel.: _____

2: Name: _____ Tel.: _____

SECTION C: REPORTING OF INCIDENT

If this is student related, has this student been involved in a previous accident or incident? Unsure Yes No

Were CPI/BMS strategies used? Yes* No → *Were containment holds used? Yes** No

*CPI: Crisis Prevention Intervention

(** If yes, please remember to complete the Containment Report- BMS/CPI)

*BMS: Behavioral Management Systems

Source:

Student Identification:

<input type="checkbox"/> Student(s) [No names, no initials] <input type="checkbox"/> Parent(s) <input type="checkbox"/> School Personnel <input type="checkbox"/> Administration**	Student Number(s) Only (Please ask principal/centre director) _____
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****NOTE:** If the source is Administration, do not have it signed by your supervisor and send this form Directly to:

Alain Paquin, Director of Human Resources: apaquin@wqsb.qc.ca

SECTION D: EMPLOYEE ACKNOWLEDGEMENT

I declare that the information given in this report is true and consistent with what actually happened. I understand it is my right to discuss this with my union or association representative.

Signature: _____ **Date:** _____

SECTION E: SUPERVISOR ACKNOWLEDGEMENT

I have received and read this report in full.

Name: _____ **Signature:** _____

Date: _____

FOR INTERNAL USE ONLY ***Please note: this section must be filled out by the immediate supervisor.*

Select all applicable follow ups:

- None required as incident circumstances are unlikely to reoccur.
- Student Intervention.
- Implement measures to mitigate re-occurrence and monitor the situation.
- Request for Employee Training.
- Follow Up with Buildings department.

