

**Employee Injury/Incident Student Related Form**

Employee Name: \_\_\_\_\_  Regular EA  Substitute EA  
 Name of Student: \_\_\_\_\_ Work Location: \_\_\_\_\_  
 Date of Incident: \_\_\_\_\_ Case Manager: \_\_\_\_\_  
 Administrator: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

**To be filled in by Employee and Submitted to Principal:**

Incident description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Nature of injuries and treatment:  
 \_\_\_\_\_  
 \_\_\_\_\_

Witnesses: \_\_\_\_\_ Employee Signature: \_\_\_\_\_

**To be filled in by Site Administrator:**

1. Intensity, frequency and rating: check appropriate boxes

<i>Intensity</i>		<i>Description</i>	<i>Frequency</i>		<i>Description</i>
None	<input type="checkbox"/>	No injury	None	<input type="checkbox"/>	Not likely to occur again
Low	<input type="checkbox"/>	Minor injury requiring on site first aid	Low	<input type="checkbox"/>	At least once a year up to once a month
Medium	<input type="checkbox"/>	Moderate injury requiring medical aid	Medium	<input type="checkbox"/>	At least once a month up to once a week
High	<input type="checkbox"/>	Severe injury requiring hospitalization	High	<input type="checkbox"/>	At least once a week or up to once or more a day

2. When incidents, either of medium intensity or frequency, or greater occur:

- (a) A Student Safety Plan must be written or modified/reviewed (see FirstClass Desktop, Forms-Student Services, Safety Plan 6).
- (b) An Incident Investigation Report must be completed (available on FirstClass/District Templates/Health & Safety/Reporting-Incident Investigation Report).
- (c) The following must be completed by the Site-Based Safety Committee.

**Conditions leading to the incident:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

***Please forward completed forms to the Manager, Human Resources/Health and Safety and provide a copy to the site-based Safety Committee Chair***

**Recommendations to prevent reoccurrence:**

<i>Recommendations to prevent reoccurrence:</i>	<i>To be implemented by:</i>	<i>Target completion date(s):</i>

Safety Committee Employer Rep: \_\_\_\_\_

Safety Committee Worker Rep: \_\_\_\_\_

Others participating in the investigation: \_\_\_\_\_

\_\_\_\_\_

***Please forward completed forms to the Manager, Human Resources/Health and Safety and provide a copy to the site-based Safety Committee Chair***