

Employee Incident Report

SECTION A: To be completed by Employee

	Emplo	yee Details		
Name of Injured		Position		
Incident Details				
This section is mandatory, please select one of the following:				
O Near Miss	 Environmental 	O Property Damage	O Missed Work	
O First Aid	O Medical Attention	O WCB		
Student Details				
Was a student involved? O Yes O No				
Grade of Student _				
Diagon colors and that had decorbed the students				
Please select one that best describes the student:				
O Aggressive / Violent behavior O Student has a Safety Plan				
O Student has an Individual Program Plan Diagnosis / Difficulty				
Witness and Dansit Dataila				
Witness and Report Details				
Name of Witness _		Title		
ls a witness statem	ent attached? O Ye	es O No		
Incident reported to		Position		
Date Reported	d	Time Reported	AM PM	

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SECTION A continued:

Incident Details			
Describe in full how the incident happened inc	cluding events leading up to the incident.		
Describe the injury in detail, below.			
Please return this completed form to your Prince	cipal/Supervisor		
Employee Signature	Date		
Employee Name (please print)			

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Incident Investigation				
Comments and findings:				
Direct or immediate causes (substandard acts or conditions):				
		_		
Indirect or underlying causes (personal or work-related factors):				
Recommendations:				
		-		
SECTION B: To be completed by	ov Principal/Supervisor			
	y i illicipal/ Supervisor			
Corrective actions:				
A ski su bi sus	Assistant To	0		
Action Item	Assigned To	Completed On		
Principal/ Supervisor Signature Date				
Principal/Supervisor Name (please print)				
	Status			
O Complete O Further investigation required / Superintendent's review				
Email to safety@sturgeon.ab.				

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