

# OHS Incident Report

## Part 1 – Employee Form

This incident report form is used to understand what happened, support those involved, and help prevent future incidents. It is a two-part form and must be completed in sequence.

*The form should be completed within 48 hours of the incident, or 24 hours for Serious Incidents. Timely and complete reporting ensures appropriate support, proper follow-up, and safer workplaces for everyone.*

### How to report an incident using this form:

- Notify manager (administrator or supervisor) as soon as possible after becoming aware of an incident or near miss.
- Complete all applicable fields of the Employee section – Part One of the OHS Incident Report form (electronically fillable PDF).
- Gather any supporting documentation, if available (e.g., photos, notes, records).  
*If the incident involves a student, do not take or send photos of students as part of this process.*
- Send the form, electronically, along with any supporting documents, to manager.

Your manager will then review your submission, follow-up if needed and complete Part 2 – Management Form. Your manager will indicate when incident review is complete and will send you copy of the complete Management Form.

## Privacy Statement

Personal information on this form is collected and managed in accordance with the *Freedom of Information and Protection of Privacy Act* and the *Occupational Health and Safety Act and Regulations*. It will be shared with your supervisor and relevant RCE/CSAP staff (e.g., OHS, HR, senior management) as needed to investigate the incident, and with the Joint Occupational Health and Safety (JOHS) Committee as required by law (with some details summarized or redacted to protect privacy). Witnesses and others involved may also be contacted and provided with relevant information. This form and related incident information will be retained in accordance with RCE/CSAP OHS procedures and will not be disclosed further unless authorized or required by law.

We use this form to understand what happened, support you, and make our workplaces safer. Please be as accurate and detailed as possible.

## Basic Information

**Employee name:** First name: \_\_\_\_\_ Last name: \_\_\_\_\_

**Employee work email:** \_\_\_\_\_

**Employer** (select one):

- |  |                                |                                |
|--|--------------------------------|--------------------------------|
| <input type="checkbox"/> AVRCE                   | <input type="checkbox"/> CSAP  | <input type="checkbox"/> NSUP  |
| <input type="checkbox"/> CBVRCE                  | <input type="checkbox"/> HRCE  | <input type="checkbox"/> SRCE  |
| <input type="checkbox"/> CCRCE                   | <input type="checkbox"/> SSRCE | <input type="checkbox"/> TCRCE |
| <input type="checkbox"/> Other (please specify): |                                |                                |

*Note: If you selected **Other**, after completing this form, please contact your employer (e.g., Chartwell, Excel) for any additional reporting requirements specific to their processes.*

**Primary work location** (e.g., name of school, regional office, bus system):

**Position** (e.g., teacher, custodian, school counsellor):

**Employee group** (select one):

- |  |  |
|--|--|
| <input type="checkbox"/> CUPE                      | <input type="checkbox"/> NSTU                    |
| <input type="checkbox"/> Excluded/Non-Union/PSAANS | <input type="checkbox"/> SEIU                    |
| <input type="checkbox"/> NSGEU                     | <input type="checkbox"/> Other (please specify): |

**Was the incident location different from your primary work location?**

- Yes  No

*If **Yes**, name the specific location where the incident occurred (e.g., name of school, regional office, bus):*

**Where specifically at that location did the incident happen? (select all that apply)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> bus/transportation      | <input type="checkbox"/> hallway         | <input type="checkbox"/> off-site location       |
| <input type="checkbox"/> cafeteria/lunchroom     | <input type="checkbox"/> lab/workshop    | <input type="checkbox"/> playground              |
| <input type="checkbox"/> classroom               | <input type="checkbox"/> learning centre | <input type="checkbox"/> washroom                |
| <input type="checkbox"/> digital platform/online | <input type="checkbox"/> library         | <input type="checkbox"/> other (please specify): |
| <input type="checkbox"/> gymnasium               | <input type="checkbox"/> office          |  |

**When did this happen?**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Who did you report the incident to?**

Please provide the name and email of the person you notified (this should be your manager, administrator, or supervisor, if possible):

First name: \_\_\_\_\_ Last name: \_\_\_\_\_

Email: \_\_\_\_\_

*If you have not yet notified your manager/supervisor, please do so as soon as possible.*

**When did you report it?**

Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Do you consider this a serious incident?**

(Serious incidents include fatality, loss of limb, serious injury requiring hospitalization, major structural failure, etc.):

- Yes  No

*If Yes, the complete form should be submitted by your manager within 24 hours of incident.*

# What Happened

Type of incident: (Select all that apply)

- accident\***  
(An unexpected event that results in injury, illness, or harm and happens during the workday.)
- physical injury\***  
(e.g., sprains, strains, cuts, burns, fractures)
- psychological injury\***  
(Psychological injuries must be caused by a sudden traumatic event or significant gradual-onset work-related events.)
- violence\***
  - physical violence**  
(Attempted or use of physical force against an employee that causes, or could cause, physical injury. This includes behaviours that may not be intentional but still meet the definition of workplace violence.)
  - threat of physical violence**  
(Any statement or behaviour that gives an employee reasonable cause to believe they are at risk of physical injury.)
- other (no injury)**
  - personal property damage (e.g., glasses)
  - vehicle-related
  - near miss/hazard (an unplanned event that did not result in injury, illness, or damage but had the potential to do so.)  
Please describe near miss/hazard:

If **violence** was selected above, answer the following:

If **student** is source:

Has the **Incident Referral Form for Unacceptable Behaviour** been reported in Powerschool?

- Yes                       No                       Not sure

**Reporting in Powerschool is required when:** ANY incident involves violence toward a staff member; the incident involves a student with an existing behavior plan; the incident is severe enough to warrant specialized support; there's a pattern of repeated behavior; or the incident suggests the need for additional assessment or intervention.

\*If **accident, physical injury, psychological injury, or violence** were selected where an employee of an RCE or the CSAP has allegedly caused the incident, you have the option of initiating the [Respectful Workplace Policy](#) process, outlined in the policy document.

## Tell Us Your Experience

**What were you doing and how did the incident happen?**

*(Describe what you were doing just before and when the incident occurred).*

**What do you think contributed to this happening?**

*(Was there anything unusual about the situation? Any factors (e.g., resources, procedures) that played a role?)*

**Your ideas for prevention.**

*(Your insights are valuable. What changes, training, resources, or supports could help prevent this in the future?)*

**Who else was involved in the incident? (select all that apply)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> contractor              | <input type="checkbox"/> no one else involved | <input type="checkbox"/> unknown person |
| <input type="checkbox"/> co-worker               | <input type="checkbox"/> parent/guardian      | <input type="checkbox"/> visitor        |
| <input type="checkbox"/> former co-worker        | <input type="checkbox"/> student              | <input type="checkbox"/> volunteer      |
| <input type="checkbox"/> other (please specify): |   |   |

**Provide first and last name(s) of person(s) involved:**

**Did anyone witness what happened?**

- Yes  No

**If Yes, provide first and last name(s) of witness(es):**

**Do you want to submit anything else related to this incident? (e.g., photos, notes, records)**

- Yes  No

*Please share any supporting documentation with your manager who will submit along with this form.  
If the incident involves a student, do not take or send photos of students as part of this process.*

## Injury Details

**Type of injury** (select all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> break/fracture             | <input type="checkbox"/> environmental exposure<br>(e.g., rash, allergic reaction) |
| <input type="checkbox"/> bruise/contusion           | <input type="checkbox"/> psychological   |
| <input type="checkbox"/> burn                       | <input type="checkbox"/> strain/sprain   |
| <input type="checkbox"/> concussion                 | <input type="checkbox"/> other (please specify):                                   |
| <input type="checkbox"/> cut/laceration/broken skin |  |

**Body part(s) affected** (select all that apply):

- |  |  |
|--|--|
| <input type="checkbox"/> head/face               | <input type="checkbox"/> arm/wrist/hand: <input type="checkbox"/> left <input type="checkbox"/> right      |
| <input type="checkbox"/> neck/shoulder           | <input type="checkbox"/> leg/knee/ankle/foot: <input type="checkbox"/> left <input type="checkbox"/> right |
| <input type="checkbox"/> torso/chest             | <input type="checkbox"/> back: <input type="checkbox"/> upper <input type="checkbox"/> lower               |
| <input type="checkbox"/> other (please specify): |  |

**Medical attention** (select all that apply):

- |   |   |
|---|---|
| <input type="checkbox"/> ambulance called     | <input type="checkbox"/> health professional<br>(e.g., physiotherapist, doctor, psychologist) |
| <input type="checkbox"/> first aid            | <input type="checkbox"/> other (please specify):  |
| <input type="checkbox"/> none needed/expected |   |

Do you expect you will be required to miss time from work as a result of this incident?

- Yes  No  Not sure

If medical attention is required or if you expect you will be required to miss time from work, you must work with your manager to submit the appropriate forms. Select the form(s) that apply.

- Non-teaching positions (excluding NSTU and PSAANS):** Workers Compensation Board Form
- NSTU or PSAANS employee groups:** Injury On Duty Form  
(refer to your MOU / Collective Agreement regarding Injury On Duty Leave)

## Confirmation Statement

- I confirm the above information is accurate to the best of my knowledge. I understand this form helps improve workplace safety and prevent future incidents.

**Reminder:** After completing Part 1, send the form and any supporting documents to your manager/direct supervisor (by email or paper copy). After receiving the form, the manager must review, follow up as needed, and complete Part 2 within 48 hours of being informed, or 24 hours for serious incident.