

OHS Incident Report

Part 2 – Management Form (To be completed by administrator or supervisor)

As a manager, administrator or supervisor, your responsibility is to understand why the incident occurred and determine the necessary steps to prevent recurrence. This involves conducting a proactive and fact-based review to support future prevention efforts.

To ensure a thorough and impartial review, follow the steps below as part of your fact-finding process.

Note: This form should be completed within 48 hours of becoming aware of the incident. If the incident is classified as a Serious Incident, notify the OHS Manager immediately and complete this form within 24 hours.

You may need to:

- follow up with the employee who reported the incident
- speak with witnesses (if applicable)
- review video footage according to established procedures
- examine the area—take photos if helpful
- inspect any equipment or materials involved (do not discard anything until reviewed)
- consider relevant procedures or work practices

How to report an incident using this form:

- Review the employee submission (Part 1 – Employee Form)
- Complete all required sections of Part 2 – Management Form
- Follow up with the employee about any of the following (Select all that apply):
 - discuss the employee's well-being after the incident, available support options, including medical care or EFAP
 - review this incident report (debrief) (on or around): _____
 - discuss steps taken or planned to help prevent similar incidents
 - review relevant workplace procedures or plans
 - offer support, resources, or accommodations
 - none of the above. If selected, provide planned check in: _____
- Inform the employee that this incident review is complete.
 - Informed verbally
 - Informed by email or written message
 - Not yet – will follow up by: _____
- Ensure employee receives a copy of the completed form.
- Store the completed form following entity's practice, in accordance with NS OHS Act Regulation.
- Forward copy of completed form and supporting documentation to the following:
 - RCE/CSAP OHS Manager
 - JOHS Coordinator (for distribution to JOHS Committee) or directly to JOHS per established processes.

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.

Incident Review

Manager (administrator or supervisor):

First name: _____ Last name: _____

Position/title: _____

Email: _____

Date you were informed of the incident: _____

Initial assessment (select one):

- Accepted as reported Additional information needed
 Not work-related (please specify):

What immediate actions were taken?

Contributing Factors Assessment

From your perspective, what factors may have contributed to the incident? (select all that apply)

- environment (e.g., space, surfaces, lighting, weather)
- human factors (e.g., workload, fatigue, distractions, pressure)
- procedures or practices (unclear, not followed, or outdated)
- tools or equipment (e.g., damaged, missing, incorrect)
- training or support (unclear, unavailable, or not provided)
- other (please specify):

Add any relevant context or explanation about the factors above.

Consider asking “Why?” at least 5 times to uncover underlying system factors – not just surface-level issues. This helps identify better prevention strategies.

What changes or actions have been – or will be – taken to prevent something similar?

When considering prevention, reflect on whether expectations were clear, tools were available and appropriate, or if the system made it easy to do the safe thing. Consider design, environment, procedures, culture, communication, or time pressures.

Is additional follow-up needed?

Yes No

If Yes, complete the following:

What has already been done?

What is planned?

Person responsible: First Name: _____ Last Name: _____

Timeline for completion (date or timeframe):

Were any training, procedural, or support needs identified (for the individual or team)?

Are there any broader system, school, or organizational-level factors that may have contributed to this incident or could reduce future risk?

Confirmation Statement

I confirm the above information is accurate to the best of my knowledge. I understand this form supports a safe and healthy workplace by guiding proactive prevention efforts and ensuring appropriate follow-up.

Reminder: After completing Part 2, store the completed form and supporting documents following entity's practice in accordance with Nova Scotia Occupational Health and Safety Act Regulations. This must be done within 48 hours of being informed, or 24 hours for a Serious Incident. Ensure the employee receives a copy of the completed form.