



		<h2 style="margin: 0;">Accident Report Form</h2>	
Worker's Name:			
Full Home Address:			
Telephone Number:		Position:	
Workplace:			
Will The Worker Be Absent from Work Due To The Accident?		<input type="checkbox"/> No <input type="checkbox"/> Yes, see below	
Date of Accident:		Time of Accident:	
Date Reported:		Time Reported:	
Lost Time Only:			
Last Day worked was:		Date Returned to Work:	
Normal Work Hours: Start to End		Normal Hours Worked per Week:	
What Happened to Cause the Injury?			
What Part(s) Of the Body Were Injured? (ie Indicate Right or Left Side Also)			
What Type of Injury: (sprain, bruising, laceration, etc.)			
Who Was the Accident reported To? (ie. Principal, Supervisor, etc.)			
What Was the Worker Doing At The Time Of The Accident? (What Equipment or Materials Being Used, Give Size & Weights of Objects Being Handled)			
Where Did Accident Occur? (ie. Classroom, Parking Lot, etc.)			
Were There Any Witnesses? (Give Names)			
Did Worker Seek Medical Treatment?			
<input type="checkbox"/> No <input type="checkbox"/> Yes, specify date: Date of Treatment:			



Name and Address of Health Professional:	
Date when the Worker's Supervisor learned that the Worker received Medical Treatment?	
Has Worker had a previous similar injury? (If Yes, Explain Below)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Was anyone Not Employed By The Board involved in the accident? (If Yes, Explain Below)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have any reason to doubt that the injury is work related? (If Yes, Explain Below)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Accident Investigation Section	
Explain what conditions contributed most directly to this accident?	
Explain the reasons for the existence of these conditions?	
What steps have you taken as Supervisor to prevent a recurrence ? (Explain when you did this or date when it will be completed)	
Principal / Supervisor Signature	Date:

PLEASE NOTE: Please FAX forms to the Health & Safety Office & then send originals in courier. FAX number is (705) 945-7224. The Board has only 3 days from date you were informed to report the accident without a penalty. If the injury is by definition a "critical injury" (see Health & Safety Manual Document 03-01-2 and 03-01-03) follow the outlined procedure or call the Health and Safety Office at (705) 945-7111 ext. 10320 for further information.