



School/Worksite: _____ **Date:** _____

Note: Include Diagram or Photo Where Necessary

Has a SIP Incident Report Form been completed? Yes No N/A

Has a Workers' Compensation Form been completed? Yes No N/A

Has an "Accident Report Form for Teachers" been submitted? Yes No N/A

Date and Time of Accident/Incident: _____

Location: _____

Weather Conditions: _____

Injured Person (if any): _____

Student Employee Volunteer Other

If employee, then what is the job classification? _____

Experience at accident/incident-related job (years): _____

Describe Injury: _____

Days lost from work (if any): _____

Describe damages: _____

Describe how the accident/incident occurred: _____

What were the **immediate cause(s)**? _____

What are the **underlying cause(s)**? _____

How can this or similar accidents/incidents be prevented? _____

Injured Person's comments and recommendations (if applicable): _____

JOHSC comments and recommendations: _____

What action has been taken, or is planned, to ensure that this accident/incident does not happen again?

Principal/Supervisor: _____ Date: _____

Note: Principal/supervisor to action recommendations, if possible, or forward to the appropriate Department at Regional Office. A copy of the Accident Incident Investigation Report is to be forwarded to the Occupational Health & Safety Officer.