

# WORKPLACE SAFETY CONCERN OR INCIDENT REPORT FORM (2013-2014 SY)

\*\*\* IMPORTANT \*\*\*

WORKPLACE SAFETY CONCERNS OR INCIDENTS MUST BE VERBALLY REPORTED TO YOUR ADMINISTRATOR / SUPERVISOR PRIOR TO OR WITH THE FILING A WRITTEN REPORT. (Respectful Workplace Only Possible Exception)

## THIS REPORT IS A SERIOUS INCIDENT OR CONCERN

**Refusal of Dangerous Work:** Any work refusal incident that is reported and cannot be resolved at the local level.

**Dangerous Occurrence:** Any incident of fire, flood, explosion, failure of facility, hoists or other equipment, failure of personal protective equipment, actual lockdown situations (i.e. security threats), other situations requiring building evacuation (i.e. suspected gas leaks, other). Attendance of emergency services (paramedic, fire, police, other)

**Respectful Workplace:** Incidents of worker harassment or non-student initiated violence or abuse.

**Serious Injury or Illness:** Any worker injured due to workplace activities that seeks medical attention from a health care provider. Worker medical emergencies. Death or fatality of any kind to any person on school sites or on school work activities.

**A visit from a Workplace Safety and Health Officer from the Workplace Safety and Health Division.**

**I am uncertain if this report is serious in nature.**

**\*\* ADMINISTRATORS / SUPERVISORS \*\***

For serious reports, **immediately notify by phone the RETSD Safety and Health Officer @ 204.471.5693 and the Superintendent's Department @ 204.667.7130**

## MEDICAL ASSESSMENT OR TREATMENT HAS BEEN SOUGHT DUE TO THIS WORKPLACE INJURY

Medical Facility Attended

**Injured Worker: I understand my responsibilities to:**

- 1) Complete and return this form and an [Occupational Health Assessment Form \(OHAF\)](#) to my supervisor / principal on the date of injury or as soon as possible.
- 2) Tell my health care provider that the division offers modified work options to assist my return to work.
- 3) Report back to my supervisor/principal after receiving medical attention and to submit an occupational health assessment form completed by my health care provider.

Is this serious incident due to Student Initiated Worker Abuse?

Yes  
 No

## THIS REPORT IS A NON-SERIOUS INCIDENT OR CONCERN

**Safety Concern:** No injury or incident. Preventative.

**Near Miss:** No injury or property damage. Preventative.

**Minor Injury:** Injury experienced does not require first aid treatment, medical assessment sought or medical treatment.

**First Aid:** Injury requires first aid treatment.

**\*\* ADMINISTRATORS / SUPERVISORS \*\***

Please process this report and document dispensation without undue delay.

**Every safety report must have a documented dispensation.**

Is this non-serious incident due to Student Initiated Worker Abuse?

Yes  
 No

## REPORT

Worker Legal First and Last Name  Worker Occupation  Group Description  M/F  Age  Years @ RETSD

Concern or Incident Occurrence Location  Incident Date:  Time: (Ex. 2:00 PM)

Specific Place at Location (Example Classroom, gym, playground etc.)  Supervisor Reported To Name:  Report Filer First and Last Name

Brief Description of Concern or Incident (Be concise and specific as possible.)

Number of Incidents in this Report

Safety Office Report Number (For Office Use Only)

**\*\* IMPORTANT \*\***

### Report Submission Instructions

1) Save this form document to a location where you can find it (Desktop, My Documents, Other). Rename if desired.

2) **Email the saved report as an attachment without undue delay to:**

[safetyofficer@retsd.mb.ca](mailto:safetyofficer@retsd.mb.ca)

**Follow Up Actions:** The Safety and Health Officer will issue a numbered report and a numbered dispensation report to the applicable site safety team (administrator, safety representative, head custodian, others as required) for further investigation and corrective action documentation completion. Every safety report must have documented dispensation.