FORM 175B

Employee Accident/Incident Report

FAX REPORT TO THE ENVIRONMENTAL HEALTH AND SAFETY OFFICER WITHIN 24 HOURS
FAX: 519-527-0608

School Name:	Type of Accident/Incident: □ First aid only □ Medical attention required □ Critical injury □ Lost time □ Occupational illness □ Incident □ Property damage
Individual's Name:	
Occupation:	
Date of the event: Time of the event: a.m. ☐ p.m. ☐	
Describe the injury, body part(s) injured and *specify left or right and upper or lower* (i.e. Cut left index finger, strained lower back):	Did the employee have a previous similar injury? If yes, provide details and approximate date:
Describe any equipment/object/property damaged, the nature of the damage and the estimated cost:	
Describe in detail all steps leading up to, during and following the event. Include details of the equipment, materials, other persons or environmental conditions involved; as well as sizes and weights:	
Where did the event occur? (i.e. Yard duty, Room 101)	
Name(s) of first aid attendant and/or any witnesses:	
Describe the first aid treatment given to the injured person:	
Did the employee seek medical attention? If known, provide the name and phone number of the attending doctor or health care facility:	
Will the employee lose time from work other than the day of the event? If known, provide the dates that he/she will be absent:	
Describe corrective action taken to prevent a reoccurrence immediately following the event:	

Employee's Signature: _____ Date/Time Reported to Employer: _____ a.m. _____ p.m.	Principal/Supervisor Signature _____ Date: _____	Date Received: (Admin Staff Only)