



qathet School District

Employee Incident/Injury Report Instructions

Revised December 2023

Step 1 – Section A Instructions for: Injured Employee or Designate

1. All injuries MUST be reported to the on-site First Aid Attendant or if after hours you MUST report to your Principal or Supervisor by phone immediately.
2. **Complete Only Section A:** Employee Injury/Incident Report (all areas must be filled in)
3. After receiving First Aid or medical attention, contact your Principal or Supervisor to report the injury.
4. For Staff working when the First Aid Attendant is not available and the injury occurred after hours, leave the completed form in the principal's mail box or other designated place. The Principal or Supervisor may complete Section A if the injured employee is unable to do so or if the employee is absent from work.
5. If you miss time from work other than the day of your injury or seek medical/health care, please contact School District Human Resources and call the WorkSafeBC Teleclaim Centre: 1-888-967-5377 Mon-Fri 8:00 am to 4:00 pm.

If you need assistance, please call: The Workers Advisers Office is independent and separate from WorkSafeBC and provides free advice and assistance to help injured workers with their claims 1-800-661-4066 or

<https://www2.gov.bc.ca/gov/content/employment-business/employment-standards-advice/personal-injury-and-workplace-safety/get-help>

Step 2 – Section B Instructions for: First Aid Attendant(s)

Complete Section B:

First Aid Attendant's Report First Aid assessment and treatment must be carried out by persons that have a valid first aid certificate. If the injury occurs after hours, **and** no First Aid Attendant is available, the injured worker MUST call the site Principal or designate and provide as much detail as possible.

Step 3 – Preliminary Investigation Instructions for: Principal or Supervisor

Complete Preliminary Investigation Report:

The investigation must be carried out by persons who are knowledgeable in conducting an Incident Investigation, knowledgeable of the type of work involved, and should include the participation of a worker representative if they are reasonably available.

If you require additional space for comments, please use a separate sheet of paper and submit with this form.

The Principal or Supervisor must complete the PRELIMINARY Investigation within 2 days/48 hrs and SCAN Section A,B and the Preliminary Investigation to: healthandsafety@sd47.bc.ca

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Employee Incident/Injury Report Form

Section A

Section A Employee's Injury/Incident Report			
Last Name:	First Name:	Middle Initial:	Phone:
Address:		City/Town:	Postal Code:
Birth Date: (mm/dd/yy)	Social Insurance Number:	Personal Health Number:	
Employee's Signature:		Date:	
Position/Occupation:		School/Location:	
Years of Service:	Time on Present Job:	Hours worked in last 24 hours:	
Date and Time of Injury: (mm/dd/yy at ##:## am/pm)		Or exposure from: (mm/dd/yy to mm/dd/yy)	
My injury or disease was first reported to my employer on (mm/dd/yy at ##:## am/pm):		Reported to: <input type="checkbox"/> First Aid <input type="checkbox"/> Office <input type="checkbox"/> Supervisor	
I received first aid: <input type="checkbox"/> Yes <input type="checkbox"/> No	I saw a doctor: <input type="checkbox"/> Yes <input type="checkbox"/> No	I used protective equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of witness, if any:		Name of supervisor at time of injury:	
Describe how and where the incident/accident happened OR how the exposure occurred:			
Describe all apparent injuries in detail:			

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Section B

First Aid Attendant's Report First Aid assessment and treatment must be carried out by persons that have a valid first aid certificate. If the injury occurs after hours, **and** no First Aid Attendant is available, the injured worker **MUST** call the site Principal or designate and provide as much detail as possible.

Section B: First Aid Attendant's Report					
Date and Time of Injury (mm/dd/yy at #.## am/pm):			Time of reporting to first aid (mm/dd/yy at #.## am/pm):		
How did worker get to first aid?				Was worker unconscious following injury: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long: _____	
Describe injuries found:					
Vital signs are only taken and recorded by Certified Occupational First Aid Level 2 or 3 Attendants:					
Time:	Resp:	Pulse:	GCS:	Pupils:	Skin:
Nature of first aid rendered:					
Follow-up with employee: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date and time of follow-up: (mm/dd/yy at #.## am/pm)			
When did employee leave to see a physician or qualified practitioner: (mm/dd/yy at #.## am/pm)					
Location and approximate distance to nearest physician or qualified practitioner:			Means of transportation to nearest physician or qualified practitioner:		
First aid attendant's name: (please print)			Certificate Number:		Grade:
First aid attendant's signature:			Date: (mm/dd/yy)		