

Use this form to document student/worker interactions that involve physical force that could cause injury to a worker or any threatening statement/behaviour that gives a worker reasonable cause to believe that he/she is at risk of injury.

Location/Facility		Date of Incident	
Exact Location of Incident		Time of Incident	
Worker Involved (Full Name)		Worker's Job Title	
Student Involved (Full Name)		Student's Grade _____ Student Plans already in place: <input type="checkbox"/> Individual Education <input type="checkbox"/> Behaviour <input type="checkbox"/> Risk Reduction	
Incident Section to be completed by Worker Involved			
Type of Incident <input type="checkbox"/> Physical Interaction <input type="checkbox"/> Verbal Threat <input type="checkbox"/> Violent Assault <input type="checkbox"/> Intimidation <input type="checkbox"/> Weapon Involved <input type="checkbox"/> Other			
Incident Description Initiated by: <input type="checkbox"/> Transition between locations <input type="checkbox"/> Change in routine/ activity <input type="checkbox"/> Reaction to request <input type="checkbox"/> Other (please describe)	Brief Summary of Incident		
Witness Names (if any)			
Report and Recommendation Section to be completed by Administrator			
Worker Injury Did worker sustain an injury requiring First Aid (FA), medical treatment beyond FA, or time away from work? <input type="checkbox"/> No <input type="checkbox"/> Yes, I will complete and submit an Incident Investigation Report (IIR) to Health & Safety within 24 hours			
Briefly describe nature of injury (body area/type of injury):			
Recommendations to prevent reoccurrence <input type="checkbox"/> Review student antecedents <input type="checkbox"/> Review IEP <input type="checkbox"/> Review Behaviour Plan/Risk Reduction Plan <input type="checkbox"/> Worker Training: <input type="checkbox"/> CPI <input type="checkbox"/> Restitution <input type="checkbox"/> other <input type="checkbox"/> Communication: <input type="checkbox"/> Parent <input type="checkbox"/> District team <input type="checkbox"/> other <input type="checkbox"/> School Based Team Meeting <input type="checkbox"/> Facility/Equipment: <input type="checkbox"/> building security <input type="checkbox"/> 2way radio	Additional Comments		
Notifications made by Administrator <input type="checkbox"/> District Health and Safety Notified <input type="checkbox"/> Joint Site Safety Committee Notified <input type="checkbox"/> Parent/Guardian Notified <input type="checkbox"/> School Staff Notified Date _____ Time _____ <input type="checkbox"/> Police Notified			
Signature of Principal/Supervisor			Date

Send to: 1) Health & Safety - scan/email to healthandsafety@saanichschools.ca or fax to 250-652-7391
2) Joint Health & Safety Committee