# INCIDENT RECORD

|  |
| --- |
| **INCIDENT DETAILS (Please Print):** |
| **Employee Name:** | **Job Title:** |
| **Status:** [ ]  Full-time [ ]  Part-Time [ ]  Casual |
| **Incident Date:**  | **Time of Incident:** |
| **Report Date:** | **Time Reported:** |
| Reported to (Manager/Supervisor/In-Charge Individual): |
| **For Incidents of violence please indicate Alleged Offender(s)****Name (if known):** [ ]  Resident [ ]  Visitor [ ]  Co-worker [ ]  Unknown Person |
| **Location of Incident**:  |
| **Description of Incident**: (Please describe what happened before, during and following the incident)  |
| Witnesses: [ ]  No [ ]  Yes (provide name(s) below) |
| Witness Names: |
| First Aid: [ ]  No [ ]  Yes (First Aider to fill out information below) |
| **Name of First Aider: Qualification:** [ ] Standard [ ]  Emergency |
| **First Aid Provided:** |
| **WCB Report Required?**  [ ]  No [ ]  Yes If yes, date report sent to WCB: |

|  |  |
| --- | --- |
| **Type of Incident/Injury (Check all that apply):** | **Location of Injury:**(Please circle/shade area of injury on diagram)http://www.bfawu.org/images/bakers-union-body.gif |
| [ ]  Bruise[ ]  Burn[ ]  Cut/Laceration[ ]  Threat/Verbal Abuse[ ]  No Physical Injury[ ]  Other: | [ ]  Fracture[ ]  Muscle Strain/Pull[ ]  Puncture[ ]  Scald |
| **Cause of Injury/Incident (Check all that apply):** |
| [ ]  Caught between an object(s) (i.e. bed and wall)[ ]  Hit with an Object[ ]  Slip/Trip/Fall[ ]  Needle Stick[ ]  Other: | [ ]  Overexertion[ ]  Pinched, Grabbed, Scratched, Spit on[ ]  Punched, Hit, Pushed, Kicked |
| **Did the injury/illness result during a task that is part of your regular duties:**[ ]  No [ ]  Yes |
| **Did this incident leave you feeling anxious, stressed, nervous or with any other psychological (mental and/or emotional) symptoms?**[ ]  Yes[ ]  No |
| **Have you had a similar injury:** [ ]  No [ ]  Yes |
| Employee Signature:  | Date:  |
| Manager/Supervisor Signature: | Date: |
| Copy Provided to Injured Employee? [ ]  No [ ]  Yes |
| *Written permission from the injured employee is required if this document is to be accessed by anyone other than the Manager/Supervisor signed above.* |