# INCIDENT RECORD

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| **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: | | |

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| **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.* | | | |