Supervisor's Report of Injury

Clear Form

Huron-Superior Catholic DISTRICT SCHOOL BOARD

Section A – To be completed by Supervisor

School / Department:	**City / Town:**
Employee's First Name:	**Employee's Last Name**
Occupation:	
Location where injury occurred: **Check appropriate box and provide further detail below** ☐ At a location in the school or on school property (specify) ☐ At a school-related activity (specify) ☐ On a school bus (specify route number) ☐ Other (specify)	
Detail(s) of location where injury occurred:	

Section B - Personal Injury Information

Area of Body Injured:

- ☐ Abdomen
- ☐ Back lower
- ☐ Back upper
- ☐ Bladder
- ☐ Brain
- ☐ Buttocks
- ☐ Chest and/or ribs
- ☐ Chin
- ☐ Circulatory system
- ☐ Collar bone
- ☐ Digestive system
- ☐ Face and facial bones
- ☐ Finger(s)
- ☐ Groin
- ☐ Head
- ☐ Heart
- ☐ Hip
- ☐ Kidney(s)
- ☐ Larynx
- ☐ Left ankle
- ☐ Left arm
- ☐ Left ear
- ☐ Left elbow
- ☐ Left eye
- ☐ Left foot
- ☐ Left hand
- ☐ Left knee
- ☐ Left leg
- ☐ Left lung
- ☐ Left shoulder
- ☐ Left wrist
- ☐ Liver
- ☐ Mouth
- ☐ Multiple body parts or systems
- ☐ Neck
- ☐ Nervous system
- ☐ No physical injury
- ☐ Nose
- ☐ Not otherwise classified
- ☐ Pancreas
- ☐ Pelvis
- ☐ Reproductive System
- ☐ Respiratory System
- ☐ Right ankle
- ☐ Right arm
- ☐ Right ear
- ☐ Right elbow
- ☐ Right eye
- ☐ Right foot
- ☐ Right hand
- ☐ Right knee
- ☐ Right leg
- ☐ Right lung
- ☐ Right shoulder
- ☐ Right wrist
- ☐ Sacrum or coccyx
- ☐ Skull
- ☐ Spinal cord / column / vertebra / disc
- ☐ Spleen
- ☐ Stomach
- ☐ Thumb
- ☐ Toe
- ☐ Tooth
- ☐ Trachea

Date of Incident: (YYYY/MM/DD)	**Time of Incident:** (HH:MM; pm or HH:MM am)
Date Reported: (YYYY/MM/DD)	**Time Reported:** (HH:MM; pm or HH:MM am)

Section C. – Accident Details

Maintain confidentiality. Do not use student names

How did the injury occur? Please provide specific information regarding the events surrounding the event.		
What was the immediate cause?		
What was the contributing cause?		
Clarification of contributing cause **All questions must be answered as Yes / No / N/A**.		
☐ Yes ☐ No ☐ N/A	Did the injury involve work that is performed regularly?	
☐ Yes ☐ No ☐ N/A	Did you find the work heavy or difficult?	
☐ Yes ☐ No ☐ N/A	Have you had any previous problems with injury area of your body?	
☐ Yes ☐ No ☐ N/A	Were you given job safe practice instructions for the job on which you were injured?	
☐ Yes ☐ No ☐ N/A	Was a job safe practice in place?	
☐ Yes ☐ No ☐ N/A	Was it followed?	
Employee Signature:	**Date (YYYY/MM/DD):**	**Time: (HH:MM; pm or HH:MM am)**

Section D. – Investigation

Supervisor's First Name:	**Supervisor's Last Name:**
Was there an on-site investigation? ☐ Yes ☐ No If not, why?	
Witness(es): (Name(s), occupation(s))	
Members of Investigation Team:	
Recommendations to Prevent Reoccurrence:	

Supervisor Signature:	**Date: (YYYY/MM/DD)**	**Time: (HH:MM; pm or HH:MM am)**

Section E. – WSIB

☐ Yes ☐ No	Was medical attention sought?
☐ Yes ☐ No	Was employee absent due to injury?

Distribution

1. Forward copy of this report to the Health and Safety Officer.
2. If **YES** was selected in Section E – WSIB, also forward this report to Human Resources**.**

Submit Form