



ALGOMA DISTRICT SCHOOL BOARD HEALTH & SAFETY DEPARTMENT

644 ALBERT STREET EAST . SAULT STE. MARIE, ON . P6A 2K7
(705) 945-7111 EXT. 10320 FAX (705) 945-7224

Clear Form

ACCIDENT REPORT

Worker's Name: _____

Home Address: _____ Postal Code: _____

Telephone Number: _____ Position: _____

Workplace: _____

Will The Worker Be Absent From Work Due To The Accident? No Yes *(See Below)*

Date of Accident: _____ Time of Accident: _____

Date Reported: _____ Time Reported: _____

Lost Time Only:

Last Day Worked was: _____ Date Returned To Work: _____

Normal Work Hours: From _____ to _____ Normal Hours Worked Per Week: _____

What Happened To Cause The Injury? _____

What Part(s) Of The Body Were Injured? *(ie: Indicate Right or Left Side Also)* _____

What Type of Injury (sprain, bruising, laceration, etc.): _____

Who Was The Accident reported To? *(ie: Principal, Supervisor, etc.)* _____

What Was The Worker Doing At The Time Of The Accident? (What Equipment or Materials Being Used, Give Size & Weights Of Objects Being Handled): _____

Where Did Accident Occur? *(ie. Classroom, Parking Lot, etc.)* _____

Were There Any Witnesses? (Give Names): _____

Did Worker Seek Medical Treatment? No Yes Date Of Treatment: _____

Name and Address Of Health Professional: _____

Date when the Worker's Supervisor learned that the Worker received Medical Treatment?

Has Worker Had A previous Similar Injury? (If Yes, Explain Below) No Yes

Was Anyone Not Employed By The Board Involved In The Accident? No Yes
If Yes, Explain :

Do You Have Any Reason To Doubt That The Injury Is Work Related? No Yes
If Yes, Explain:

ACCIDENT INVESTIGATION SECTION

Explain What Conditions Contributed Most Directly To This Accident.

Explain The Reasons For The Existence Of These Conditions.

What Steps Have You Taken As Supervisor To Prevent A Recurrence? (Explain When You Did This Or Date When It Will Be Completed)

Principal / Supervisor Signature: _____ Date: _____

PLEASE NOTE:

Please FAX forms to the Health & Safety Office & then send originals in courier. FAX number is (705) 945-7224. The Board has only 3 days from date you were informed to report the accident without a penalty. If the injury is by definition a **"critical injury"** (see Health & Safety Manual Document 03-01-2 and 03-01-03) follow the outlined procedure or call the Health and Safety Office at (705) 945-7111 ext. 10320 for further information.