



Kenora Catholic District School Board

We are a Roman Catholic school system dedicated to excellence in education, the Christian formation of youth, and strong partnerships with parents and the church.

Form: 009

School Incident Report

Instructions:

1. Principals or designate shall report on this form all work related accidents to teaching and support staff employees.
2. The Principal or designate shall immediately fax a completed form to the attention of the Operations Manager at the Board Office.

NAME – Injured Worker: _____ School: _____

Injured Worker’s Occupation: _____ Date of Accident: _____

Time of Accident: _____ AM/PM Incident Location (specify): _____

Date reported to Employer: _____ Time: _____ AM/PM

Describe how the incident occurred:

Do you have concerns about the facts as stated? YES _____ NO _____ If YES, give particulars:

Witness or person having knowledge of injury: _____

Address: _____ Telephone: _____



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Did the worker receive First Aid? YES _____ NO _____

Did the worker receive Health Care: YES _____ NO _____ If YES, provide name and address of attending physician: _____

Weight and Size of objects handled: _____

Following the day that the injury occurred, will the injured worker be absent from work because of the injury?

UNKNOWN _____ YES _____ NO _____

If YES, date and hour last worked: _____

Date: _____ Principal's Signature: _____

Date/Time Received at Board Office: _____