WORKPLACE SAFETY AND HEALTH COMMITTEE VIOLENT INCIDENT INVESTIGATION SUMMARY REPORT

SCHOOL/LOCATION:	
SERIOUS INCIDENT*	NON-SERIOUS INCIDENT
Date and Time of Incident:	
IINVESTIGATORS:	
Name:	Position:

- * Serious Incident is defined as follows:
 - 1. The death of a worker.
 - 2. Where a worker suffers: an injury resulting from electrical contact; unconsciousness as the result of a concussion; a fracture of their skull, spine, pelvis, arm, leg, hand or foot; amputation of an arm, leg, hand, foot finger or toe, third degree burns; permanent or temporary loss of sight; a cut or laceration that requires medical treatment at a hospital; asphyxiation or poisoning.
 - 3. That involves: the collapse or structural failure of a building, structure, crane, hoist, lift, temporary support system or excavation; an explosion, fire or flood; an uncontrolled spill or escape of a hazardous substance; or the failure of an atmosphere-supplying respirator.
 - 4. Workplace Safety and Health (WSH) Division of Manitoba Labour and Immigration must be informed as quickly as possible following the incident. To report a serious incident contact WSH at 204-945-3436, 204-945-0581 (after hours).

PART I – PAR	TICULARS		
Name of Complainant:	First Name	Middle	Last Name
		_	
Occupation / Job Title: Location of Incident:			
Nature of Violent Incide			
Supervisor's Name: _	First Name	Middle	Last Name
Did the incident involve If yes, describe:	, , ,	Yes	□ No
Did the violent incident Was first aid rendered:		Yes	No No
If yes, by whom? (If outside emergency assistance was required, provide details)			

PART II – DESCRIPTION OF VIOLENT INCIDENT		
Describe the incident in detail:		

PART III - EVIDENCE	
Sketch of incident scene:	
Describe physical evidence collected:	
Photo / Video Evidence: (List and describe the photos and videos)	

PART III - EVIDENCE (CONT'D)			
Persons with Information – Statement Summary:			
Name: First Name	Middle	Last Name	
Date Interviewed: dd/mm/yy	Occupation:		
Did you witness the incident?	Yes	No	
Name of Interviewer:			
Summary of Statement:			
Persons with Information – Statement Summary:			
Name: First Name	Middle	Last Name	
Date Interviewed:dd/mm/yy	Occupation:		
Did you witness the incident?	Yes	No	
Name of Interviewer:			

PART IV - INCIDENT CAUSATION		
What was the DIRECT CAUSE of the incident? (What caused injury or damage?)		
What were the INDIRECT CAUSES? (What caused the incident?)		
TASK:		
WORKER(S):		
MATERIAL/EQUIPMENT:		
MANAGEMENT:		
ENVIRONMENT:		

PART V - CORRECT	IVE ACTION
Immediate corrective actions to p	revent recurrence:
Target date for corrective action:	dd/mm/yy
Long term solutions:	
Target date for corrective action:	dd/mm/yy
PART VI – REPORT F	REVIEW
Signature of Investigator(s):	
Date report completed:	
Distribute Report to:	
Signatures of Co-Chairpersons –	Safety and Health Committee:
Employer Co-chair / Date	Worker Co-Chair / Date

Original to: Secretary-Treasurer's Department for distribution to Liaison Superintendent &

WSH Steering Committee