

SCHOOL DISTRICT NO. 46 (Sunshine Coast) - District Health & Safety

THREAT / VIOLENT INCIDENT REPORTING FORM



Definition of threat / violence: "The attempted or actual exercise by a person, other than a worker, or any physical force so as to cause injury to a worker and includes any threatening statement or behavior which gives a worker reasonable cause to believe that he or she is at risk of injury." *WorkSafeBC Regulation Part 4 Section 27*

Primary Information	
Name:	Injured Party <input type="checkbox"/> Witness <input type="checkbox"/>
Job Title:	First Aid or medical help? <input type="checkbox"/> Yes <input type="checkbox"/> No
Location:	WCB form 6a completed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has the aggressors(s) been involved in any previous violent incidents with staff? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reported to H&S rep? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Police called? <input type="checkbox"/> Yes <input type="checkbox"/> NA
Reported to Supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	Supervisor's name:

Aggressor	
<input type="checkbox"/> Student	<input type="checkbox"/> Parent <input type="checkbox"/> Other:
Student info entered into MyEd? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Incident information	
Date:	
Time (H:M): <input type="checkbox"/> AM <input type="checkbox"/> PM	
Incident Type: (select all that apply)	
<input type="checkbox"/> Verbal	<input type="checkbox"/> Threat <input type="checkbox"/> Struck <input type="checkbox"/> Kicked
<input type="checkbox"/> Bitten	<input type="checkbox"/> Scratched <input type="checkbox"/> Pushed <input type="checkbox"/> Sexual
<input type="checkbox"/> Racial	<input type="checkbox"/> Social Media <input type="checkbox"/> Other:
Worker injured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure <i>If "Yes" or "Not sure" complete WCB Form 6a</i>	
Description of injuries:	
Names of Witnesses:	

Incident Description	
Brief description of the event (attach additional pages if more space required)	
Attachments included? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Immediate Action Taken	
Parent/guardian notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	Summary of immediate action taken (attach additional pages if more space required)
DOI / HR notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WCB Form 7 complete? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Debrief within 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, why?	
Date of Debrief:	

Signature of Reporter: _____

Printed name of Reporter: _____

Date: _____

Signature of Principal / Site Supervisor: _____

Printed name of Principal / Site Supervisor: _____

Date: _____