

WORKPLACE SAFETY AND HEALTH COMMITTEE

VIOLENT INCIDENT INVESTIGATION SUMMARY REPORT

SCHOOL/LOCATION: _____

SERIOUS INCIDENT*

NON-SERIOUS INCIDENT

Date and Time of Incident: _____

INVESTIGATORS:

Name: _____ **Position:** _____

Name: _____ **Position:** _____

Name: _____ **Position:** _____

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 III - EVIDENCE

Sketch of incident scene:

Describe physical evidence collected: _____

Photo / Video Evidence: (List and describe the photos and videos)

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 – CORRECTIVE ACTION

Immediate corrective actions to prevent recurrence:

Target date for corrective action:

dd/mm/yy

Long term solutions:

Target date for corrective action:

dd/mm/yy

PART VI – REPORT 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: Superintendents' Department c/o Suzanne Ciulla for distribution to Liaison Superintendent & WSH Steering Committee