

THREAT INCIDENT REPORT

SECTION 'A' WCB Regs. 4.27 to 4.31
 SECTION 'A' IS TO BE COMPLETED BY THE EMPLOYEE (VICTIM)
 EMPLOYEES REPORTING INJURIES OR ADVERSE SYMPTOMS AS A RESULT OF AN INCIDENT ARE ADVISED
 TO CONSULT THEIR PERSONAL PHYSICIAN FOR TREATMENT OR REFERRAL.

NAMES OR DESCRIPTION(S) OF PERSON(S) MAKING THE THREAT

Location of Incident:		Date of Incident:		Time:	
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Witness(es):	Work Group:
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Report Prepared by:		Date Prepared:		Occupation:	
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The Incident, (Describe what happened):

Factors contributing to the incident: (What was the trigger?)

Steps taken to defuse the situation:

Follow through action - e.g. supervisor notified, injury reported, etc.

SECTION 'B'

PRINCIPALS/SUPERVISORS ARE REQUIRED TO COMPLETE SECTION 'B' IF THE INCIDENT NEEDED
 MEDICAL ATTENTION OR HAD THE POTENTIAL FOR SERIOUS INJURY. WCB Regs. 6.8 and 8.10.

Asst Sup Advised	<input type="radio"/> Yes <input type="radio"/> No	Police Attended	<input type="radio"/> Yes <input type="radio"/> No	Police Notified	<input type="radio"/> Yes <input type="radio"/> No
Parent Notified	<input type="radio"/> Yes <input type="radio"/> No	Staff Informed	<input type="radio"/> Yes <input type="radio"/> No	Union Advised	<input type="radio"/> Yes <input type="radio"/> No

Actions to be taken to prevent reoccurrence:

Administrator:	Date Sent:
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Copied to: Originator Assistant Superintendent Human Resources Administrator

