



# ST. JAMES-ASSINIBOIA SCHOOL DIVISION

EBBB-E-2

LL 1365411

## NOTICE OF ACCIDENT FORM

*To be completed by injured employee for W.C.B. purposes.*

Name	
Position	
Site	
Date and Hour of Injury	

Describe fully the cause of the injury. State the size, weight, and description of any object that was being handled or otherwise involved. If necessary, attach another page detailing incident.

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State all injuries, indicating right or left if applicable.

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Where did the injury take place?

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Was first aid given? Yes ☐ No ☐

If Yes, by Whom: \_\_\_\_\_

Was any other person involved? Yes ☐ No ☐

If Yes, please give name and address:

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Give names and addresses of persons who witnessed the incident – 2 if possible.

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To whom did you report the accident and when?

Name	_____
Title	_____
Date/Time	_____

Full name and address of attending doctor.

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Will the injury stop you from working?

Yes ☐ No ☐

Signature of Supervisor \_\_\_\_\_ Signature of Insured Worker \_\_\_\_\_

Date \_\_\_\_\_

**Note:** This form is to be forwarded immediately to the Human Resources Manager for MANTE and CUPE c/o Board Office (original copy, no photocopies accepted). Failure to do so may affect the acceptance/processing of the claim and cause the Division to be fined.

This personal information is collected under the authority of the Public Schools Act, the Freedom of Information and Protection of Privacy Act (FIPPA), and the Personal Health Information Act (PHIA) and will be used for the purpose of personnel administration. If you have any questions about the collection of this information, contact the Access and Privacy Officer, St. James-Assiniboia School Division, 2574 Portage Avenue, Winnipeg, MB R3J 0H8, 204-888-7951. I understand that any other collection, use or disclosure of this personal information will not be permitted without my consent, unless authorized under FIPPA.