



Newfoundland and Labrador Teachers' Association
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FILE NUMBER THIS NUMBER WILL BE ASSIGNED BY NLTA WHEN THE FIRST REPORT OF THE INCIDENT IS RECEIVED	
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TEACHER'S REPORT OF ACCIDENT/INJURY (INCIDENT)
 ALL TEACHERS MUST CO-OPERATE IN EARLY AND SAFE RETURN-TO-WORK

THIS FORM SHOULD BE FAXED TO THE NLTA WITHIN 3 DAYS OF THE ACCIDENT OR INJURY

PART 1 - TO BE COMPLETED IN 'ALL' CASES OF ACCIDENTS AND/OR INJURIES

TEACHER'S SURNAME:				GIVEN NAMES:			
TEACHER'S ADDRESS:						CITY OR TOWN:	
PROV:	POSTAL CODE:	TELEPHONE NUMBER:			FAX NUMBER:		
DATE OF BIRTH	YEAR	MONTH	DAY	GENDER		SOCIAL INSURANCE NUMBER:	
				M	F		
SCHOOL BOARD:				SCHOOL NAME:			
SCHOOL ADDRESS:						CITY OR TOWN:	
PROV:	POSTAL CODE:	TELEPHONE NUMBER:			FAX NUMBER:		

1. Date and time of incident:
Year _____ Month _____ Day _____ Hour _____ (am / pm)
2. Date and time incident reported to School Board:
Year _____ Month _____ Day _____ Hour _____ (am / pm)
3. Give the first day you missed work after the incident:
(if applicable) Year _____ Month _____ Day _____
4. To whom was the incident reported?
Name: _____
Title: _____

5. How long have you worked for the School Board? Years _____ or other (specify) _____
6. Are you? full-time _____ part-time _____ substitute _____ term/replacement _____ Position: _____
7. Did the incident occur on Employer's premises? Yes _____ No _____ State the work site location and address: _____
8. Did you notify your Occupational Health & Safety Committee or Workplace Health & Safety Representative of this injury? Yes _____ No _____
9. Have you completed "Form 6 - Worker's Report of Injury" from Workplace Health, Safety and Compensation Commission? Yes _____ No _____
(If No, please do so as soon as possible.)

PART 2 - DESCRIPTION OF INCIDENT Please answer the following questions in as much detail as possible (attach separate sheet if necessary)

10. Please explain fully how the accident/injury occurred: _____

11. Please describe fully your regular duties, responsibilities and physical requirements (if applicable): _____

12. Were you doing this work at the time of the incident? Yes _____ No _____
If No, please describe what you were doing when you were involved in the incident: _____
13. Please explain why you believe the injury is work related: _____

14. Did you stop working immediately? Yes _____ No _____ If No, when did you stop? _____
15. Have you returned to work? Yes _____ No _____ If Yes, when? _____
If No, how much longer does your doctor expect you to be off? _____
16. Give the names and addresses of witnesses (if any): _____

PART 3 - MEDICAL AID

17. Did you require medical attention? Yes _____ No _____ If Yes, indicate date and time of first medical visit: _____
If No, why not: _____
18. Were you provided copies of the "Physician's Report" Form 8/10? Yes _____ No _____ If Yes, have you faxed a copy to the NLTA? Yes _____ No _____

TEACHER MUST SIGN BELOW

I declare that the information contained in this form is accurate and to the best of my knowledge.

Signature _____ Date _____