

## Who: Applies to all staff.

When: Anytime there is an **incident** or **near-miss** at work that has (or could have) resulted in injury or property damage.

**Incident:** An event or condition arising during the course of work that resulted in or could have resulted in injury, illness, or damage to property.

**Near-miss:** An event that had the potential to harm or injure or create property damage.

- **What:** A guide to completing required forms related to an incident in ASDN.
- **Why:** Incident reporting is a legal requirement, but it also serves to prevent repeat incidents from happening, promotes a safe work environment by addressing gaps identified during incident investigations, and can result in a reduction in lost time incidents and associated costs.

# Where:

### ...Can I find the forms?

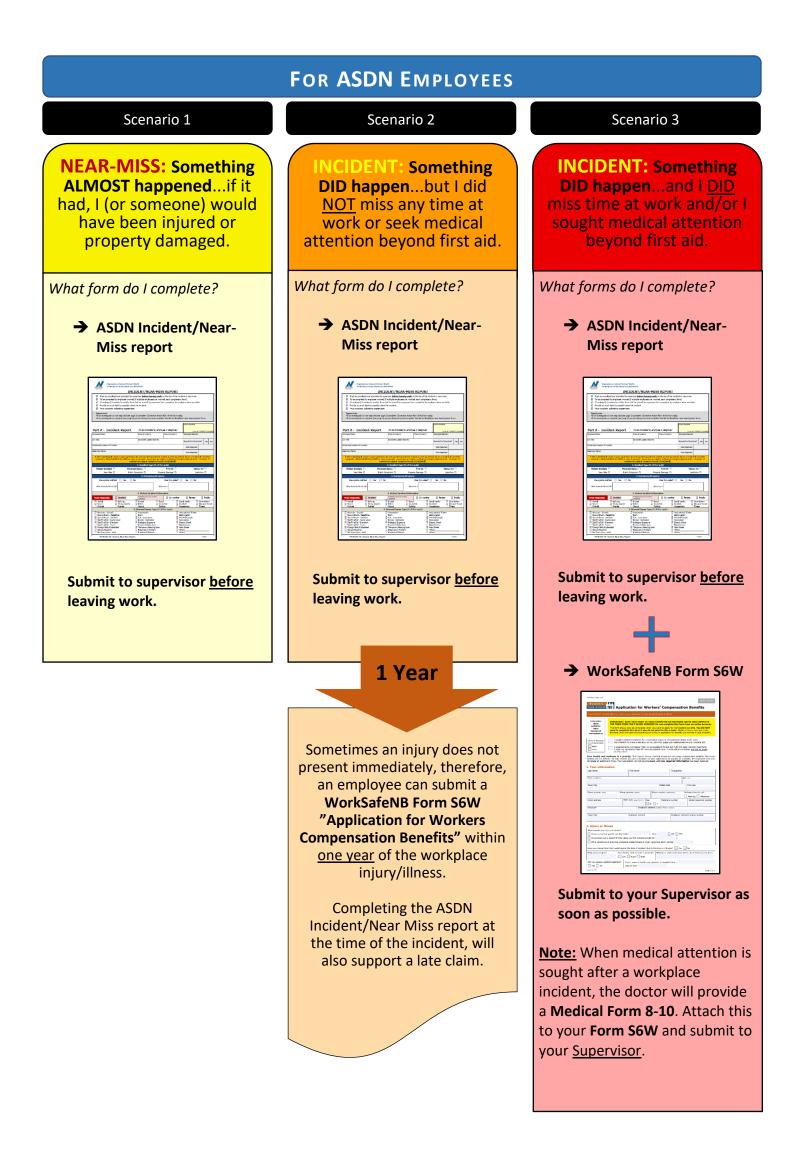
- → Print copies of ASDN Incident/Near-Miss report and WorkSafeNB Form S6W must be available to employees (i.e., in office, staff room, JHSC board, etc.)
- $\rightarrow$  Where to find copies electronically:
  - a. ASDN Incident/Near-Miss report can be found on the Shared Drive <u>ASDN Incident/Near-Miss report</u> or on the ASDN website at <u>ASDN Incident/Near-Miss report</u>
  - b. **ASDN Incident/Near-Miss Investigation** only available on the Shared Drive <u>ASDN</u> <u>Incident/Near-Miss Investigation</u>
  - c. WorkSafeNB Form S6W: "Application for Workers Compensation Benefits" <u>https://www.worksafenb.ca/Employee reporting form</u>
  - d. WorkSafeNB Form S7E: "Employer Report of Injury or Illness" https://www.worksafenb.ca/Employer reporting form

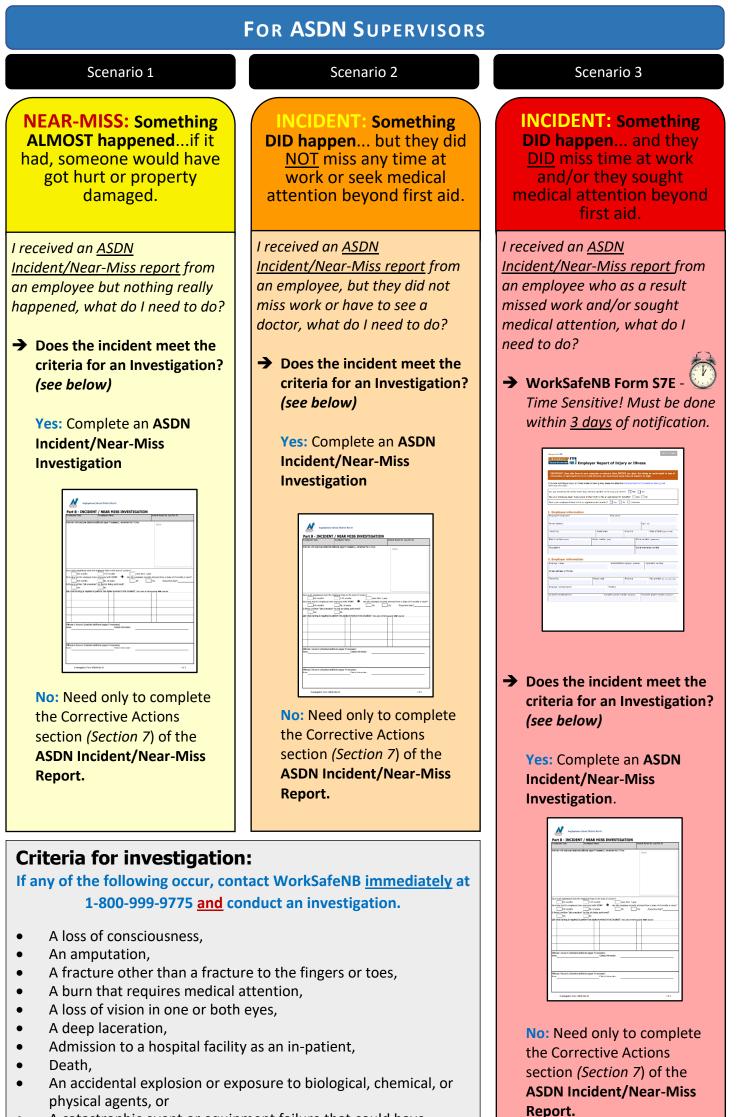
### ...Do I send completed forms?

Form	Who is responsible?	Where to send completed copy
ASDN Incident/Near-Miss report	Employee	Stephen McAllister, OHSC, <u>Stephen.McAllister@nbed.nb.ca</u>
ASDN Incident/Near-Miss Investigation	Supervisor	Stephen McAllister, OHSC, <u>Stephen.McAllister@nbed.nb.ca</u>
WorkSafeNB Form S6W: "Application for Workers Compensation Benefits"	Employee – within one (1) year from date of incident	WorkSafeNB Email: <u>application-demande@ws-ts.nb.ca</u> or Fax: 1888 629-4722
WorkSafeNB Form S7E: "Employer Report of Injury or Illness"	Supervisor – within three (3) days of incident being reported	Marianne Calhoun, OHWC, Marianne.Calhoun@nbed.nb.ca

### ...Can I get help with these forms?

➔ For assistance with the forms, contact Marianne Calhoun, Occupational Health and Wellness Coordinator, at Marianne.Calhoun@nbed.nb.ca





 A catastrophic event or equipment failure that could have resulted in injury.