



# WORKPLACE VIOLENCE REPORTING FORM (Form 733)

To be completed in ALL cases of violence or threats of violence against an OCDSB worker

Appendix A to  
PR.680.HR

## SECTION ONE: WORKER INFORMATION

Name: <i>(Printed)</i>	Union Affiliation:
Worker ID (EIN):	Work Location:
Position:	Supervisor's Name: <i>(Printed)</i>

## SECTION TWO: DETAILS OF INCIDENT

Date Reported to Supervisor:	Category of Violence <i>(check any that apply)</i>
Date and Time of Incident: <span style="float: right;"><input type="checkbox"/> AM <input type="checkbox"/> PM</span>	<input type="checkbox"/> a. Exercise of physical force that causes or could cause physical injury to worker. <input type="checkbox"/> b. Attempt to exercise physical force that could cause physical injury to the worker. <input type="checkbox"/> c. Statement or behaviour that is reasonable for the worker to interpret as a threat to use physical force that could cause physical injury to the worker.
Location of Incident at site (e.g.: office, field, etc.):	
<b>Alleged Aggressor</b> <i>(check any that apply)</i> <input type="checkbox"/> Student Student Initials: _____ Grade: _____ Indicate if in a Specialized Program Class (i.e. ASD, BIP, DSP, etc.): _____ <input type="checkbox"/> Parent/Guardian <input type="checkbox"/> Co-worker <input type="checkbox"/> Supervisor <input type="checkbox"/> Visitor/Public Other: _____	<b>Nature of Incident</b> <i>(check any that apply)</i> <input type="checkbox"/> Intimidation <input type="checkbox"/> Threat <input type="checkbox"/> Punch <input type="checkbox"/> Push/Pull <input type="checkbox"/> Kick <input type="checkbox"/> Scratch <input type="checkbox"/> Hair pull <input type="checkbox"/> Slap/Hit <input type="checkbox"/> Grab <input type="checkbox"/> Bite <input type="checkbox"/> Pinch <input type="checkbox"/> Spit Other (please specify): _____ Weapons: <input type="checkbox"/> No <input type="checkbox"/> Yes Type: _____
Repeat Incident: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Injuries Sustained:	Medical attention or lost time from work due to the incident? <input type="checkbox"/> yes <input type="checkbox"/> no
Has a Workers Accident/Incident/Occupational Illness Report - Form 140 been completed? <input type="checkbox"/> yes <input type="checkbox"/> no	
Brief Description of Incident (optional): _____ _____	

## SECTION THREE: STEPS TAKEN TO PREVENT A RECURRENCE (SUPERVISOR) Check all that apply

<input type="checkbox"/> Safety plan developed / reviewed/revised/shared	<input type="checkbox"/> Training arranged for worker	<input type="checkbox"/> Additional supports in place (e.g. IEA, EEA)	<input type="checkbox"/> Student intervention/discipline/parents /guardian contacted
<input type="checkbox"/> Incident debriefed with affected worker(s)	<input type="checkbox"/> Information provided to other workers at risk (reference Abridged Safety Plan)	<input type="checkbox"/> Aggressor Removed (temporarily or permanent) (information shared as reqd)	<input type="checkbox"/> Worker relocated (in consultation with Human Resources)
<input type="checkbox"/> Support/advice sought from Safe Schools or HR	<input type="checkbox"/> Contingency plan for Casuals, OTs and Itinerant workers	<input type="checkbox"/> Means to Summon Immediate Assistance in Place (e.g. walkie talkie)	<input type="checkbox"/> Personal Protective Equipment Considered or in place
<input type="checkbox"/> School Resource Officer /police involved	<input type="checkbox"/> Support for worker (e.g. referral to EAP for permanent workers; personal physician)	<input type="checkbox"/> Student referral for assessment as appropriate	<input type="checkbox"/> Trespass notice issued.

Other *(Please describe)* \_\_\_\_\_

**Note:** Where the worker will continue to have regular contact with the alleged aggressor, consideration must be given to developing a Safety Plan (Appendix B to PR.680.HR). The Notification of Potential Risk of Injury Form (Abridged Safety Plan – Appendix E to PR.680.HR) can be used until a Safety Plan (Appendix B to PR.680.HR) is developed.

Signature of Supervisor:	Date:
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## SECTION FOUR: WORKER RESPONSE

Signature of Worker:		
Is a Safety Plan in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know If not, do you feel one is required? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If there is a Safety Plan in place, do you feel a review is necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Do you have crisis intervention training (e.g. BMS Training)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when did you complete this training? _____	Do you have a means to summon immediate assistance (e.g. walkie talkie, Sonim, classroom phone)? <input type="checkbox"/> Yes <input type="checkbox"/> No
Bring to the attention of the Joint Health and Safety Committee for review? * <input type="checkbox"/> yes <input type="checkbox"/> no (*all <u>reasonable</u> steps have <u>not</u> been taken)		Date:

## SUPERVISOR PLEASE DISTRIBUTE COMPLETED FORM WITHIN 24 HOURS TO:

- 1) Occupational Health & Safety (Fax: 613-596-8284 or Email: Form733@ocdsb.ca) 2) Site Records 3) Worker**

*The personal information on this form is collected under the authority of the Occupational Health & Safety Act and the Workplace Safety and Insurance Act to meet the District's obligations to provide a safe and health workplace. Specific questions can be directed to Freedom of Information Coordinator at OCDSB-Administration Building, 133 Greenbank Road, Ottawa, ON, (613) 596-8211.*

# WORKPLACE VIOLENCE REPORTING FORM 733

**Violent Incident\* Occurs**

*\*use of physical force, attempted physical force or threat of physical force*

**Worker Completes Form 733  
Sections One and Two Only  
Submits to Supervisor**

**Principal/Supervisor: (a) Reviews Incident  
(b) Assesses on-going risk\* and (c) Determines  
reasonable steps required  
to prevent recurrence  
(d) Completes Section Three  
and returns to Worker within 48 hours**

*\*Any incident which creates a reasonable apprehension of serious risk must be brought to the principal's attention immediately and all steps reasonable to protect the worker(s) must be taken without delay. This could include implementation of the Notification of Potential Risk of Injury Form (Abridged Safety Plan).*

*Note: Where there are reasonable grounds to believe that the student continues to pose a threat to the physical safety of staff and students, a Safety Plan (or, at a minimum, completion of the Notification of Potential Risk of Injury form 737, also known as an Abridged Safety Plan) must be developed within a timeline of no longer than five (5) working days.*

**Worker completes and signs Section Four  
Returns to Principal/Supervisor**

*\* A worker may request that a workplace violent incident report be brought to the attention of the Joint Health & Safety Committee when he/she does not feel that all reasonable steps have been taken by the Employer to prevent a recurrence.*

**Principal/Supervisor distributes  
Copies  
(OH&S, Worker)  
Original retained at site.**