



NOTIFICATION OF POTENTIAL RISK OF INJURY **IDENTIFYING INFORMATION** Name: Classroom: Picture of Person Location: School: Location: BRIEF DESCRIPTION OF BEHAVIOUR THAT PRESENTS A RISK SAFETY STRATEGIES AND TRIGGERS DO DO NOT **EMERGENCY AND INTERVENTION STRATEGIES**

SCHOO School Tea	DL STA hool Ad acher(s /ASD(s idance	dministrator(s) s)	BOARD OFF	FICE STAFF		
NOTIFICATION OF POTENTIAL RISK OF INJURY RECORD EMPLOYEE SIGNATURE INDICATES THAT THE EMPLOYEE HAS REVIEWED THIS FORM: (Principal/designate has checked all that apply): the risk of injury with respect to the above person; the nature of the behaviour that may present a risk of injury; safety strategies and triggers of behaviour; emergency and intervention strategies;						
DAT	ΓΕ	EMPLOYEE NAME	POSITION	EMPLOYEE SIGNATURE	PRINCIPAL SIGNATURE	
☐ Add	ditiona	l list of names attached				
INFORMATION COLLECTION AUTHORIZATION: The personal information contained on this form has been collected under the authority of the Occupational Health and Safety Act, the Municipal Freedom of Information and Protection of Privacy Act, and the Personal Health Information Privacy Act, and will be used to prevent and investigate incidents of workplace violence. This form will be used by the Supervisor of the department, Legal Counsel and the Ministry of Labour staff. The form will be handled with the strictest confidence, stored in a locked and secure file cabinet in the School Administrator's Office and retained for a three year period. Questions pertaining to the collection of this information should be directed to the Superintendent of Human Resources. COPIES: 1. School Administrator 2. Superintendent of School						

NOTIFICATION OF POTENTIAL RISK OF INJURY RECORD

EMPLOYEE SIGNATURE INDICATES THAT THE EMPLOYEE HAS REVIEWED THIS FORM: (Principal/designate has checked all that apply):						
 □ the risk of injury with respect to the above person; □ the nature of the behaviour that may present a risk of injury; □ safety strategies and triggers of behaviour; □ emergency and intervention strategies; □ incident reporting procedures; □ procedures to ascertain immediate assistance if necessary; □ a safety plan is on file in the OSR 	procedures to ascertain immediate assistance if necessary;					
DATE EMPLOYEE NAME POSITION EMPLOYEE SIGNATURE PRINCIPAL SIGNATURE	E					