

Injury/Incident Report and Investigation Form Information Sheet

Purpose

When an injury/incident is realized at work it is important to fill out this form. The information captured could be used to prevent future incidents. In addition, some instances (i.e. when medical attention is sought) also have to be reported to WSIB and/or the MOL and this form aids in that process.

When to complete this form

This form must be completed when an individual suffers an injury and should also be filled-out in the event of an incident or property damage. The injured person will be responsible for completing SECTION A while the immediate Supervisor, Dean or Teacher will need to fill-out SECTION B. In the event that the injured person cannot complete the form, it will then become the Supervisor's, Dean's or Teacher's responsibility to do so. For your personal records, it is recommended that you make a photocopy of all submitted forms and documents.

Section A to be filled out by the injured person or person who experienced a near miss (when time permits)

- Ensure that all information is properly entered.
- Where possible, the form must be signed by the injured person before submitting to the Supervisor, Dean or Teacher.
- If you seek the services of a health professional (e.g. doctor, chiropractor, physiotherapist, etc.) after having submitted the form, please advise your Supervisor, Dean or Teacher AND the Manager, Environmental Health and Safety (EH&S) as soon as possible.

Section B to be filled out by a Supervisor/Dean/Teacher

- Review SECTION A to verify that the recollection of events is accurate.
- Answer EACH question in detail. Finding the root cause of the injury/incident is the intended outcome of an investigation. Keep asking "Why" until you get to the root cause. By doing so, you will help reduce and ideally eliminate the opportunity for such an event to repeat itself.
- To document the process, include an action plan item(s) list to indicate what needs to be done, by whom and when. The final column provides an opportunity for a Supervisor, Dean or Teacher to demonstrate that he/she has followed-up to ensure that corrective measures are adequate, in place and being used.
- Sign and date the form and provide both SECTION A & B to the Manager, EH&S within 24 hours of being advised of the injury/incident. Do not delay submitting the form if some of the information is missing since late reporting fees may be applied to your department.

Injury/Incident Report and Investigation Form

All community members must complete and submit this form to their Supervisor, Dean or Teacher as soon as possible following an injury or incident. If the community member is unable to complete this form, the Supervisor, Dean or Teacher must complete it and send it to the Manager of Environmental Health & Safety (EH&S). See the document entitled "Injury/Incident Report and Investigation Form Information Sheet" for assistance in completing this form. For matters pertaining to harassment, please reference the "Respect in the Workplace Harassment Prevention Policy". For matters pertaining to violence, please reference the "Workplace Violence Prevention Policy".

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|--|--|--|------------------------------------|--|
| For Environmental, Health & Safety Office Use Only | Injury | Incident | Property Damage | |
| | <input type="checkbox"/> First Aid | <input type="checkbox"/> Lost Time Injury | <input type="checkbox"/> Near Miss | <input type="checkbox"/> Property Damage |
| | <input type="checkbox"/> Health Care (Medical Aid) | <input type="checkbox"/> Critical Injury | | |
| <input type="checkbox"/> Occupational Illness | | <input type="checkbox"/> Medical or First Aid Not Required | | |

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| SECTION A | THIS SECTION TO BE COMPLETED BY THE EMPLOYEE/STUDENT/VISITOR/OTHER |
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|--|--|---|---|--------------------------------|
| Please select one: <input checked="" type="radio"/> Employee <input type="radio"/> Student <input type="radio"/> Visitor <input type="radio"/> Other | Last Name: _____ | First Name: _____ | Extension or telephone number: _____ | |
| | Occupation: _____ | Department: _____ | | Supervisor or Dean: _____ |
| | Date & time of injury/incident: Date: _____ Time: _____ <input type="radio"/> AM <input type="radio"/> PM | | Date & time reported to Supervisor/Dean: Date: _____ Time: _____ <input type="radio"/> AM <input type="radio"/> PM | |
| | Where did the injury/incident occur? | <input type="checkbox"/> Education Centre <input type="checkbox"/> Library <input type="checkbox"/> Athletic Centre <input type="checkbox"/> Residence <input type="checkbox"/> Monastery Other: _____ | | Room Number or location: _____ |
| Were there any witnesses?: <input type="radio"/> Yes <input type="radio"/> No | | If YES, please include name(s) and telephone number(s): _____ | | |

Briefly, but precisely describe the injury/incident. Include all relevant information.

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| Type of injury/ incident | <input type="checkbox"/> Incident * <input type="checkbox"/> First Aid <input type="checkbox"/> Health Care (Medical Aid) <input type="checkbox"/> Lost Time Injury <input type="checkbox"/> Critical Injury <input type="checkbox"/> Occupational Illness |
| *Check this box if a near miss or if an injury has been sustained but does not require first aid or medical treatment. | |

Indicate the injured body part AND if it was the (L)eft, (R)ight or (B)oth sides.

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|-------------------------------|--------------------------------|----------------------------------|------------------------------------|--------------------------------|-------------------------------------|------------------------------------|---------------------------------|
| <input type="checkbox"/> Head | <input type="checkbox"/> Ear | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Shoulder | <input type="checkbox"/> Elbow | <input type="checkbox"/> Finger(s) | <input type="checkbox"/> Hip | <input type="checkbox"/> Ankle |
| <input type="checkbox"/> Face | <input type="checkbox"/> Teeth | <input type="checkbox"/> Chest | <input type="checkbox"/> Upper Arm | <input type="checkbox"/> Wrist | <input type="checkbox"/> Upper Back | <input type="checkbox"/> Upper Leg | <input type="checkbox"/> Feet |
| <input type="checkbox"/> Eye | <input type="checkbox"/> Neck | <input type="checkbox"/> Pelvis | <input type="checkbox"/> Lower Arm | <input type="checkbox"/> Hand | <input type="checkbox"/> Lower Back | <input type="checkbox"/> Knee | <input type="checkbox"/> Toe(s) |
| | | | | | | <input type="checkbox"/> Lower Leg | |

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| Did you receive health care for your injury? If YES, when? <input type="radio"/> YES <input type="radio"/> NO Date: _____ | If YES, include health professional's name, address and telephone number: <div style="border: 1px solid black; height: 40px; width: 100%;"></div> |
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| Treatment of injury by/at: | <input type="checkbox"/> Family Physician <input type="checkbox"/> Emergency Dept. <input type="checkbox"/> Health Services <input type="checkbox"/> Hospital <input type="checkbox"/> Health Professional <input type="checkbox"/> Clinic <input type="checkbox"/> Other: _____ |
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| Signature of person reporting injury/incident: | Date: |
| Print name: _____ Signature: _____ | _____ |

SECTION B must be completed and submitted (along with SECTION A) by the Supervisor, Dean or Teacher to the Manager, EH&S within 24 hours of learning of the injury/incident. See the document entitled "Injury/Incident Report and Investigation Form Information Sheet" for assistance in completing this form or contact the Manager, EH&S at ext. 4811. Failure to submit within 24 hours of the injury/incident may result in the department being levied a late reporting fine as imposed by the Workplace Safety & Insurance Board (WSIB).

| SECTION B | THIS SECTION TO BE COMPLETED BY THE SUPERVISOR, DEAN OR TEACHER | | | | | | | | | | |
|---|---|--------------------------|-------------------|--------------------------|-----------------|----------------|---|--|--|--|--|
| Contributing factors: What condition(s) contributed to the injury/incident/property damage? (please check all that apply) | | | | | | | | | | | |
| <input type="checkbox"/> Awkward position/posture (e.g. ergonomics) <input type="checkbox"/> Insufficient training <input type="checkbox"/> Slip/trip/fall* (* if a slip/trip/fall, include description of footwear) <input type="checkbox"/> Other (please explain): _____ | <input type="checkbox"/> Unsafe equipment/machinery <input type="checkbox"/> Improperly guarded equipment/machinery <input type="checkbox"/> Deviation from safe practice/procedure <input type="checkbox"/> Failure to use personal protective equipment <input type="checkbox"/> Failure to lockout <input type="checkbox"/> Unsafe practice <input type="checkbox"/> Incorrect/defective tool(s) <input type="checkbox"/> Poor housekeeping | | | | | | | | | | |
| Detailed explanation of contributing factor(s): | | | | | | | | | | | |
| | | | | | | | | | | | |
| Details of property damage, if applicable: | | | | | | | | | | | |
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| Corrective measures: Select corrective measure(s) that apply. (please check all that apply) | | | | | | | | | | | |
| <input type="checkbox"/> Additional/refresher training <input type="checkbox"/> Improve housekeeping <input type="checkbox"/> Review personal protective equipment | <input type="checkbox"/> Equipment repair/replacement <input type="checkbox"/> Install guard/safety device <input type="checkbox"/> Changes to work procedure | | | | | | | | | | |
| <input type="checkbox"/> Conduct a job safety analysis <input type="checkbox"/> Discuss during employee orientation <input type="checkbox"/> Other (please explain) | | | | | | | | | | | |
| Detailed explanation of corrective measure(s) to prevent recurrence: | | | | | | | | | | | |
| | | | | | | | | | | | |
| <div style="display: flex; align-items: center;"> <div style="margin-right: 5px;">+</div> <div style="margin-right: 5px;">-</div> <div>Add/Remove an Action Plan Item</div> </div> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 5px;"> <thead> <tr> <th style="width: 5%;"></th> <th style="width: 35%;">Action Plan Items</th> <th style="width: 30%;">Person/Dept. Responsible</th> <th style="width: 15%;">Completion Date</th> <th style="width: 15%;">Follow-up Date</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">1</td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </tbody> </table> | | | Action Plan Items | Person/Dept. Responsible | Completion Date | Follow-up Date | 1 | | | | |
| | Action Plan Items | Person/Dept. Responsible | Completion Date | Follow-up Date | | | | | | | |
| 1 | | | | | | | | | | | |
| Signature of Supervisor/Dean/Teacher submitting form: | | | | | | | | | | | |
| Print name: _____ Signature: _____ | Date: _____ | | | | | | | | | | |

Submit a copy of SECTION A and SECTION B to the Manager EH&S.