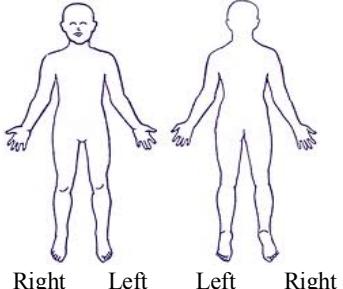


## INCIDENT REPORT FORM

**For Internal Use** Report all incidents immediately to your supervisor. Wherever possible, Supervisors are expected to forward this report within 24 hours of the Supervisor learning of the incident. Attach additional pages/photos if necessary.

<input type="checkbox"/> Injury: <input type="checkbox"/> First Aid <input type="checkbox"/> Medical Aid	<input type="checkbox"/> Near Miss <input type="checkbox"/> Property Damage	<input type="checkbox"/> Hazardous Situation	
<b>THIS SECTION TO BE COMPLETED BY THE PERSON INVOLVED</b>			
1. Who was hurt?  Employee Visitor Contractor Student Other	Last name:	First Name:	Phone or Extension:
	Home Address:	Faculty/Department:	Supervisor (if known):
	Date & Time of Incident:	Date/time when & to whom Incident reported:	Type of Incident:  <input type="checkbox"/> Slip*, trip or fall <input type="checkbox"/> Struck by / against object <input type="checkbox"/> Over exertion <input type="checkbox"/> Repetitive strain <input type="checkbox"/> Electrical contact <input type="checkbox"/> Exposure to hazardous material <input type="checkbox"/> Other (describe below)
2. Description of Incident (in detail including sequence of events leading to incident, what the person was doing and what conditions contributed to the incident):			
*If this was a SLIP, describe footwear:			
Witnesses to the incident: (names and phone numbers)			
3. What was the injury (indicate what part of the body):  	4. Did you see a medical professional? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, please provide name, address and phone number:	5. Did the incident result in early departure from the University?  <input type="checkbox"/> Yes <input type="checkbox"/> No    Time: _____ Return time: _____	
	6. Treatment of Injury:  <input type="checkbox"/> First Aid <input type="checkbox"/> Walk-in Clinic <input type="checkbox"/> Family Doctor <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other (describe) _____		

Date: \_\_\_\_\_

Signature of Person involved in incident: \_\_\_\_\_

<b>THIS SECTION TO BE COMPLETED BY THE SUPERVISOR</b>			
7. Contributing Factors/causation: What conditions contributed to the incident? 5 whys method?			
<input type="checkbox"/> Unsafe equipment	<input type="checkbox"/> Inadequate illumination	<input type="checkbox"/> Not or improperly guarded	<input type="checkbox"/> Hazardous environment
<input type="checkbox"/> Insufficient training	<input type="checkbox"/> Improper position/posture	<input type="checkbox"/> Insufficient care	<input type="checkbox"/> Infraction or unsafe practice
<input type="checkbox"/> Failure to use PPE	<input type="checkbox"/> Operating without authority	<input type="checkbox"/> Failure to lockout	<input type="checkbox"/> Other (Explain below)
8. Details of property damage (if any):  _____			
9. To your knowledge, has the employee had a previous similar injury or has this similar hazard been reported before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
10. Corrective Measures: Based on the supervisors knowledge of the job and work conditions, what steps should be taken to prevent reoccurrence (more than one item may apply):			
<input type="checkbox"/> Request job safety analysis	<input type="checkbox"/> On-the-job training	<input type="checkbox"/> Perform housekeeping	<input type="checkbox"/> Review PPE
<input type="checkbox"/> Improve work procedure	<input type="checkbox"/> Check with manufacturer	<input type="checkbox"/> Re-training of person(s)	<input type="checkbox"/> Constructive Discipline
<input type="checkbox"/> Repair or replace equipment	<input type="checkbox"/> Install safety guard/device	<input type="checkbox"/> Reassignment of person	<input type="checkbox"/> Other (attach details)
Signature of Supervisor:	Date:	Date forwarded to JOHS:	Date Reviewed by JOHS:

## INSTRUCTIONS:

**Report all incidents immediately to your supervisor.** All incidents are to be reported. Wherever possible, Supervisors are expected to forward this report within 24 hours of the Supervisor learning of the incident. Attach additional pages/photos if necessary.

1. Complete individual involved information
2. Provide a short narrative of what happened for minor incidents. For serious incidents OR incidents that require greater details or additional explanation, attach witness statements or extra pages. Type of incident checkboxes are only to be used for categorizing type of injury.  
*\*Describe footwear only if the incident involves a relevant slip, trip, or fall.*

### **Witnesses:**

- Gather witness information at the time of the incident whenever possible; or as soon there-after as possible.
- Obtain witness statements for all serious incidents and include witness name, address, phone, occupation, location of incident, a narrative (if individual involved writes it) or summary (if you are writing it on their behalf) of the incident including what the witness was doing at the time and what they saw, heard, smelled, etc. Ask questions, if necessary, after reviewing witness statement and add responses to clarify any missing information.

3. Place an 'x' on the 'body diagram' to indicate location(s) of the injury. Add any additional comments in the empty space beside the diagram.
4. Check 'yes' if the injured person saw a medical professional and provide their information. If the injured person did not see a medical professional, please check no.
5. Please provide departure time from the University and the return time if it's on the same shift.
6. Please check all applicable boxes.

Fill in the date that the person involved in the incident signs the report. (*This may be several days after the incident if hospitalization is required, or time off work.*)

<b>Minor Incident:</b>	<b>Serious Incident:</b>
First aid, near miss, property damage under \$500.00, a hazardous situation that can be immediately controlled and does not pose immediate serious risk.	Major fire, loss of finger, toe, arm or leg, broken bone, concussion, serious burn, significant chemical spill, any property damage over \$500.00, or a fatality.

7 & 8. Supervisor will complete this section and check all applicable boxes; providing additional immediate, indirect, direct and root causes, utilizing the '5 whys?' or another method. To help in accurately completing the incident form, **use the 5 whys:** keep asking yourself "why" until root cause is apparent.

**Problem → why? → why? → why? → why? → Root Cause**

9. Check yes, no, or N/A if the individual has had a similar injury or contacted a similar hazard before.

10. Check all boxes that apply. Please attach any additional information if necessary.

*Supervisor must sign, date and forward copies to distributed as indicated on the bottom of the page*

### **Addition information:**

If more than one person is injured or directly affected, please use separate forms for each individual. In cases of serious injury (see definition) the supervisor must:

1. Make sure that the immediate hazard(s) do not pose further risk to anyone else.
2. Ensure that first aid is provided and the injured person gets medical attention if needed call 911
3. Secure the immediate area for investigation if necessary
4. Notify HR department and OHS Coordinator who will notify an appropriate government departments (serious incidents)