Incident Report Form

INJURED PARTY/COMPLAINANT TO COMPLETE Section A & B, SIGN, DATE & SUBMIT to your immediate supervisor/department within 24 HOURS of the event. **COPY** Manager, Health & Safety, Security & Enviro.

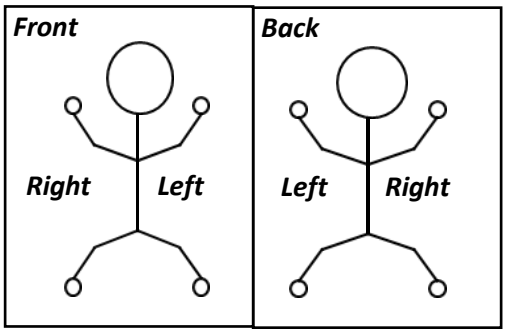
Section A: General Information (Injured Party/Complainant	
Last Name:	**First Name:**
Faculty/Staff ☐ Student ☐ Visitor ☐	**Candore ID Number:**
Department:	**Position:**
Daytime Phone Number:	**Evening Phone Number:**

Section B: Description of the Event	
When: Date of Event: (MM/DD/YYYY)	Time of Event:
Date Reported:	Time Reported:
Where: On Campus ☐ Off Campus ☐	Placement ☐
Location of Event: (laboratory, office, stairs etc.)	
Building:	
Floor & Room:	
What: happened? (description of the event and how it occurred)	
Were you injured? (description of injury, including parts of the body)	

AREA OF INJURY (BODY PART)

Using the diagram to the right, please circle the area of injury

☐ Head	☐ Face	☐ Eye(s)
☐ Ear(s)	☐ Teeth	☐ Neck
☐ Chest	☐ Upper Back	☐ Lower Back
☐ Abdomen	☐ Hip	☐ Other



Using the diagram to the right, please circle the area of injury

PLEASE INDICATE LEFT OR RIGHT:

Shoulder	☐Left	☐Right	Arm	☐Left	☐Right	Elbow	☐Left	☐Right
Forearm	☐Left	☐Right	Wrist	☐Left	☐Right	Hand	☐Left	☐Right
Finger(s)	☐Left	☐Right	Hip	☐Left	☐Right	Thigh	☐Left	☐Right
Knee	☐Left	☐Right	Lower Leg	☐Left	☐Right	Ankle	☐Left	☐Right

Distribution to: ☐ Mgr, Health & Safety Officer /WSIB Officer

What factors contributed to the event?

How could the event have been avoided?

Was First Aid administered? YES ☐ NO ☐ | If yes, by whom?

Signature of Injured Party/Complainant | Date:

If form completed by someone other than the injured party, please fill out following lines:

Form Completed By: _____ Phone Number: _____

Signature: _____ Date: _____

Section C: General Information (to be filled out by supervisor)

Supervisor's Last Name:	**Supervisor's First Name:**
Department:	**Position:**
Phone Number:	**Email:**

If there was a delay in reporting this event, list reason(s): _____

Material Damage YES ☐ NO ☐ | Approximate Value:

Have person(s) involved received training or instruction in the work or activity being carried out?
YES ☐ NO ☐

Was there any supervision of the work or activity being carried out?
YES ☐ NO ☐

Supervisor's Comments: (additional information on event)

If injury occurred, please check one:

☐No First-Aid administered, returned to work
☐Near Miss
☐Saw a physician, returned to work
☐Saw a physician, time loss
☐Saw a physician, returned to light duty
☐ Refused medical treatment

Interim actions taken to prevent reoccurrence:

Supervisor's Signature: _____ Date: _____

SUPERVISOR: If this injury requires medical evaluation, this must be reported **IMMEDIATELY** to:
Manager, Health, Safety, Security & Environmental at cell 705-471-3954 or ext. 5246

To be completed as part of the investigation with Manager of Health, Safety, Security & Environmental in consultation with supervisor, employee & JHSC representative.

Section D: Preventive Measures

NEAR ROOT CAUSES: Check (✓) all that are applicable

- ☐ Design Input Issue
- ☐ Design Output Issue
- ☐ Design Review Verification Issue
- ☐ Equipment Reliability Program Design Issue
- ☐ Periodic Maintenance Issue
- ☐ Event Based Maintenance Issue
- ☐ Condition Based Maintenance Issue
- ☐ Fault-Finding Maintenance
- ☐ Corrective Maintenance Issue
- ☐ Routine Inspection & Servicing Issue
- ☐ Equipment Records and Manuals Issue
- ☐ Operational and Maintenance History Issue
- ☐ Risk Assessment Records Issue
- ☐ Personnel Records Issue
- ☐ Other Documents and Records Issue
- ☐ Materials/Parts Issue
- ☐ Product Control and Acceptance Issue
- ☐ Readiness Review Issue
- ☐ Change Control Issue
- ☐ Proactive - Risk/Safety/reliability/Quality/Security Analysis Issue
- ☐ Reactive - Risk/Safety/reliability/Quality/Security Analysis Issue
- ☐ Inspection/Audit/Measurement
- ☐ Correct Procedure Not Used
- ☐ Correct Procedure Used Incorrectly
- ☐ Appropriate Procedure Incorrect/Incomplete
- ☐ Tools/Equipment Issue
- ☐ Workplace Layout Issue
- ☐ Physical Workload Issue
- ☐ Mental Workload Issue
- ☐ Error Mitigation Issue
- ☐ No Training
- ☐ Training Implementation Issue
- ☐ Preparation Issue
- ☐ Supervision Issue
- ☐ No Communication or Not Timely
- ☐ Communication Misunderstood/Incorrect
- ☐ Company Issue
- ☐ Individual Issue

What are the reasons for the existence of these conditions or practices?

INTERMEDIATE CAUSES: Check (✓) all that are applicable

- ☐ Design Issue
- ☐ Equipment Reliability
- ☐ Hazard/Defect Identification and Analysis Issue
- ☐ Procedure Issue
- ☐ Human Factor Issue
- ☐ Training Personnel Qualification Issue
- ☐ Supervision Issue
- ☐ Verbal and Informal Written Communication Issue
- ☐ Personnel Performance Issue

SIF Potential
☐ Yes ☐ No
If yes - Full Root Cause Analysis Report Required.

ROOT CAUSES:

- ☐ No SPAC or Issue Not Addressed in SPAC
- ☐ SPAC Not Strict Enough
- ☐ SPAC Confusing or Contradictory
- ☐ Unaware of SPAC
- ☐ SPAC Recently Changed
- ☐ SPAC Enforcement Issue

PREVENTION/CORRECTIVE ACTION: Check (✓) those actions taken to prevent occurrence. Mark with (**P**) other corrective actions decided upon or planned but not yet carried out. More than one item may apply.

- ☐ Training/instruction of person
- ☐ Improve work procedures
- ☐ Inform staff/managers of safe work procedures
- ☐ Perform job safety analysis
- ☐ Inform staff/managers of hazard and how to protect themselves
- ☐ Notify appropriate individuals
- ☐ Improve engineering/design
- ☐ Improve inspection procedures
- ☐ Request ergonomic assessment
- ☐ Request environmental assessment
- ☐ Correction of work area
- ☐ Reassess work standards
- ☐ Recommend development/improvement to training/ OHS program
- ☐ Reassignment of person
- ☐ Improve housekeeping
- ☐ Tools, equipment, furniture repair or replacement

☐ Other (explain): _____

What immediate actions/interim measures were taken to prevent a recurrence? **And, by whom?**

Recommendations: _____

Was there any property damage? If yes, list the property that was damaged. _____

Manager, Heath, Safety, Security & Environmental Signature: _____ **Date:** _____