ACCIDENT INCIDENT / CRITICAL INJURY REPORTING FORM (revised 10/15/2020)
TO BE COMPLETED WITHIN 24 HOURS OF ACCIDENT/INCIDENT
SEND COPY TO HR AND ORIGINAL TO I&S ADMINISTRATIVE MANAGER

Section A: INFORMATION **Employee: ❒** **Student: ❒** **Visitor: ❒**

Name of injured person:_____

Work address/Residence: _____
Street Apt. City/Town Postal Code

Phone: _____ Date of Hire: _____ Student ID: _____
dd / mm / yyyy

Department: _____ Job Title: _____ Length of time in position: _____

Accident Information:

Date of Accident: _____ Time: _____ □ AM □ PM

Date Reported: _____ Time: _____ □ AM □ PM

Person Reported to: _____
(Name) (Position)

Location of Accident: _____

Medical Information: Is this a work-related Injury? □ Yes □ No

Type of Injury/Incident: ☐ First Aid □ Medical Aid □ Lost Time □ Property/Near Miss

Where was medical attention sought: _____
Doctor Name or Hospital

_____
Address City/Town Postal Code Phone #

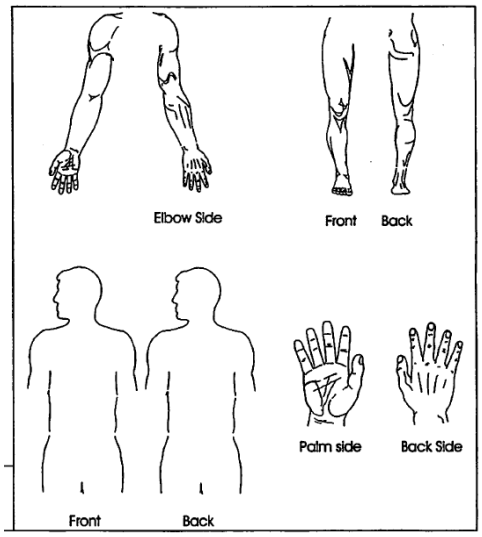
Section B: INJURY REPORT

Injury Source (check all that apply):
- □ Equipment
- □ Machinery
- □ Tools
- □ Materials
- □ Chemicals
- □ Electrical Source
- □ Temperature Extreme
- □ Violence
- □ Fire/Explosion
- □ Other:

_____

Contact Type (check all that apply):
- □ Struck Against
- □ Struck By
- □ Caught On
- □ Caught In
- □ Caught Between
- □ Slip/Trip/ Fall
- □ Overexertion
- □ Repetition
- □ Motor Vehicle
- □ Harmful Substance/Environ

Please indicate on the diagram the area of injury.



Other_____

Area of Injury (check all that apply):

□ Head □ Teeth □ Upper Back □ Face □ Eye(s) □ Ear(s) □ Neck
□ Chest □ Abdomen □ Lower Back □ Pelvis □ Other _____

Shoulder	□ Left	□ Right	**Wrist**	□ Left	□ Right	**Hip**	□ Left	□ Right
Arm	□ Left	□ Right	**Hand**	□ Left	□ Right	**Thigh**	□ Left	□ Right
Elbow	□ Left	□ Right	**Fingers**	□ Left	□ Right	**Knee**	□ Left	□ Right
Forearm	□ Left	□ Right	**Ankle**	□ Left	□ Right	**Toe(s)**	□ Left	□ Right
Lower Leg	□ Left	□ Right	**Foot**	□ Left	□ Right			

Injured Employee Statement: (employees are not required to provide medical or confidential information)

Describe what happened to cause the accident/incident and what you were doing at the time. Include what the injury is and any details of equipment, materials, environmental conditions (temperature, work area, etc.) that may have contributed to the injury/incident. Please provide as much detail as possible, including weights, distances, type of movement, equipment, tools etc.

_____

_____

_____

_____

Names and work locations of all witnesses:

_____

_____

_____

SECTION C: WITNESS STATEMENT

Occurrence Information*:*

Location of Occurrence: _____

Date of Occurrence: _____ Time of Occurrence: _____□ AM □ PM

Date Reported: _____ Time Reported: _____□ AM □ PM

Statement Given By*:* □ Witness □ Other _____

Name: _____

Work address: _____

Phone: _____ Alternate Phone: _____

Statement*:*
Witness to record their statement in their own words or provide statement to be recorded and read back for verification – If additional space required, please attach pages to this report.

_____

_____

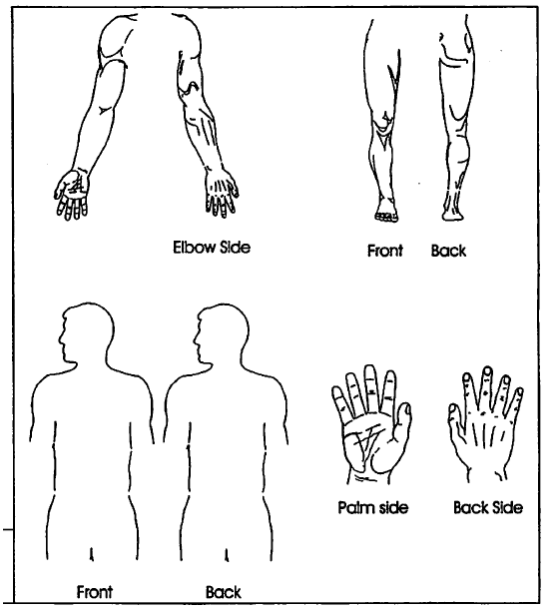
_____

_____

_____

_____

Please indicate on the diagram the area of injury:



_____ _____

(Witness's Signature) (Date)

_____ _____

Injured employee's direct Manager's Signature (Date)

Section D: INVESTIGATIVE REPORT

To be completed by injured employee's direct Manager and Certified Worker Representative

1. Description of occurrence:

_____

_____

_____

2. Cause Analysis:

a) Direct causes (describe substandard conditions/actions which may have caused the occurrence):

_____

_____

_____

b) Basic causes (describe the underlying job factors which may have caused the occurrence):

_____

_____

_____

c) Recommended Corrective Action: **Responsible Individual/Department**

_____ _____

_____ _____

_____ _____

Report Completed by:

_____ _____
Injured employee's direct Manager's Name & Department Date

_____ _____
Certified JHSC Worker Representative Date

SECTION E: CAUSE ANALYSIS (check all that apply)
To be completed by injured employee's direct Manager

Direct Causes:	**Basic Causes:**	**Personal Factors:**
□ Substandard Conditions	Job Factors	□ Physical Restrictions
□ Inadequate Protective Guards / Warning Devices	□ Insufficient Supervision	□ Inadequate Capability
□ Defective Machinery, Equipment or Tools	□ Insufficient Work Procedures	□ Lack of Knowledge
□ Substandard Actions	□ Insufficient Training	□ Lack of Training
□ Operating at Unsafe Speeds	□ Inadequate Purchasing	□ External Problems
□ Making Safety Devices Ineffective	□ Inadequate Engineering Controls	□ Job Stress
□ Substandard PPE	□ Insufficient Maintenance	
□ Unauthorized Use of Equipment	□ Abuse or Misuse	

SECTION F: CORRECTIVE ACTION FOLLOW-UP
To be completed by injured employee's direct Manager

The purpose of this form is to ensure that the recommended corrective action has been taken to prevent future occurrences of the reported injury/incident.

Corrective Action:	**Responsible:**	**Date Completed:**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Comments:

_____

_____

_____

SECTION G: REPORT REVIEWED BY

_____ _____
Department Manager – PLEASE SIGN AND PRINT NAME Date
(Injured employees direct manager)

_____ _____
Health & Safety Officer – PLEASE SIGN AND PRINT NAME Date

_____ _____
Management Co-Chair – JHSC – PLEASE SIGN AND PRINT NAME Date

_____ _____
Worker Co-Chair – JHSC – PLEASE SIGN AND PRINT NAME Date

_____ _____
Injured Employee – PLEASE SIGN AND PRINT NAME Date

REPORT FORM DEFINITIONS

For more information please read **Subject 10.1 (A to J) Injury/Incident Investigations** from the Health and Safety Policies and Procedures Manual

FIRST AID INJURY – a minor injury requiring only first aid treatment.

MEDICAL AID INJURY – an injury requiring treatment by a health care professional.

LOST TIME INJURY – a disabling injury where the injured person is unable to report for the next regular shift.

PROPERTY DAMAGE ACCIDENT – accidental loss to equipment, material, and/or the environment.

INCIDENT (NEAR-MISS) – an undesired event that, under slightly different circumstances, could have resulted in personal injury, property damage or loss.

FATALITY OR CRITICAL INJURY:

For the purpose of this document, the following definitions will be used.

- A critical injury is any injury that: places life in jeopardy; causes unconsciousness; results in significant blood loss; involves the fracture of a leg, arm, foot, ankle, hand, wrist; involves the fracture of more than one finger, more than one toe, but not a single finger or not a single toe; involves amputating all or part of an arm or leg, but not a finger or a toe; consists of burns to a major portion of the body; or causes the loss of sight in an eye.
- A fatality is a death.

Steps to take if a Critical Injury occurs:

- The employee's immediate supervisor will contain the accident area to prevent further injury or damage and also to maintain it for investigation purposes.
- Emergency Response 911 will be contacted after securing the scene. Contact Director of Human Resources or designate.
- Contact the department head.
- Calls will be made by HR Director or designate immediately to the local MOL (Ministry of Labour) inspector, the Joint Health & Safety Committee, the union, police and the family.
- Within 48 hours, the Ministry of Labour Director will receive notification in the form of a written report describing what happened and giving any information that may be prescribed by the MOL.
- The supervisor is to complete the required form and provide to MOL containing the following information as per Section 51 of Safety Act:
    - the name and address of the constructor and the employer;
    - the nature and the circumstances of the occurrence and the bodily injury sustained;
    - a description of the machinery or equipment involved;
    - the time and place of the occurrence;
    - the name and address of the person who was killed or critically injured;
    - the names and addresses of all witnesses to the occurrence; and
    - the name and address of the physician or surgeon, if any, by whom the person was or is being attended for the injury.