



INCIDENT REPORT

INJURED PARTY/COMPLAINANT TO COMPLETE, SIGN, DATE & SUBMIT ORIGINAL TO HEALTH & SAFETY DEPT. WITHIN 24 HOURS OF THE EVENT incidentreports@northern.on.ca

| | | | | | |
|------------------|-----------------------------------|----------------------------------|--|-------------------------------------|----------------------------------|
| Person Involved: | <input type="checkbox"/> Employee | <input type="checkbox"/> Student | <input type="checkbox"/> Employment Options Client <small>Employment Options Empl</small> | <input type="checkbox"/> Contractor | <input type="checkbox"/> Visitor |
|------------------|-----------------------------------|----------------------------------|--|-------------------------------------|----------------------------------|

***** INDICATES SECTIONS THAT MUST BE COMPLETED**

A. *** INCIDENT CLASSIFICATION (PLEASE CHECK ALL THAT APPLY)

| | | | |
|----------------------------|--------------------------|----------------------------------|--------------------------|
| NO TREATMENT (REPORT ONLY) | <input type="checkbox"/> | CRITICAL INJURY | <input type="checkbox"/> |
| FIRST AID TREATMENT | <input type="checkbox"/> | MEDICAL CONDITION (PRE-EXISTING) | <input type="checkbox"/> |
| MEDICAL TREATMENT | <input type="checkbox"/> | EQUIPMENT/PROPERTY DAMAGE | <input type="checkbox"/> |
| LOST TIME | <input type="checkbox"/> | UNSAFE CONDITION (NEAR MISS) | <input type="checkbox"/> |

SUPERVISOR MUST COMPLETE THE 'SUPERVISOR'S INCIDENT/INCIDENT INVESTIGATION FORM' FOR ALL MEDICAL TREATMENT AND LOST TIME INJURIES WITHIN 24 HOURS.

B. ***PERSONAL INFORMATION OF INJURED PERSON

| | | |
|----------------------------------|---|------------|
| Full Name: _____ | <input type="checkbox"/> Male <input type="checkbox"/> Female | DOB: _____ |
| Date of Incident/Incident: _____ | Time of Incident/Incident: _____ | a.m./ p.m. |

*** (Must fill out ONE of the relevant sections below.)

C. IF THE INJURED PERSON IS AN EMPLOYEE, FILL OUT SECTION C

| | |
|-----------------------------|---------------------------|
| Job Title: _____ | Name of Supervisor: _____ |
| Hire Date: (MM/DD/YY) _____ | Department: _____ |

D. IF THE INJURED PERSON IS A STUDENT or STUDENT ON PLACEMENT, FILL OUT SECTION D

| | |
|----------------------------|--|
| Program Name: _____ | Campus Location: _____ |
| Program Coordinator: _____ | Was the incident program related? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Did the incident occur on placement? <input type="checkbox"/> Yes <input type="checkbox"/> No (attach copy of contract agreement) |

E. IF THE INJURED PERSON IS AN EMPLOYMENT OPTIONS CLIENT, FILL OUT SECTION E

| | |
|--------------------------|---|
| Job Title: _____ | Hire Date: _____ |
| Job Site Location: _____ | (attach copy of contract agreement) |
| | Employment/ Placement Consultant: _____ |

F. IF THE INJURED PERSON IS A CONTRACTOR or VISITOR, FILL OUT SECTION F

| | |
|--|--|
| <input type="checkbox"/> Contractor Tel: _____ | College Contact: _____ |
| Company Name and Address: _____ | |
| <input type="checkbox"/> Visitor Tel: _____ | Reason for being at the College: _____ |
| Name and Address: _____ | |

G. * INCIDENT INFORMATION**

| | |
|---|--|
| Date of Incident/Accident: (MM/DD/YY) _____ Date Reported: (MM/DD/YY) _____ | Time of Incident/Accident: _____ a.m./ p.m. Time Reported: _____ a.m./ p.m. Location (campus/building/room/other) _____ |
| Reported To: _____ | Position: _____ |
| Individual(s) witnessing or having knowledge of the Incident/Accident: Name: _____ Name: _____ Name: _____ | |
| Was the Incident/Accident: | Sudden Specific Gradually Occurring Over Time |
| Type of Incident: | |
| Describe the Incident/Incident - what you were doing and what happened, and any injuries you received. _____ | |

If no medical aid or lost time was required proceed to Section J.

H. MEDICAL AID AND LOST TIME (complete if applicable)

IF COMPLETING THIS SECTION, SUBMIT ORIGINAL TO HSE WITHIN 24 HOURS – (upon completion of this section - submit copy to supervisor to continue investigation process)

| |
|---|
| Name of Attending Doctor/Facility: _____ |
| Address: _____ |
| Telephone #: () _____ DATE SEEN: (MM/DD/YY) _____ |
| Date when the College learned of visit to doctor or other health care provider (MM/DD/YY): _____ |
| After the date of incident/incident, have you lost any time or earning from your job/placement: () Yes () No |
| Start date of lost time (MM/DD/YY): _____ Date of expected return (MM/DD/YY): _____ |

I. CRITICAL INJURY (complete if applicable)

The Ministry of Labour (MOL) must be called IMMEDIATELY when someone has been critically injured or a fatality. Immediately notify the Campus Manager and Health and Safety Coordinator. In the event that they are not available, someone at the scene of the critical incident must call the Ministry of Labour (MOL) at 1-877-202-0008 (available 24 hrs day, 7 days a week).

Date and time incident reported to the MOL: _____

Name of MOL representative who took the call: _____

N.B.: Where a person is killed or critically injured at a workplace, other than to save life or prevent unnecessary damage to equipment or property, no one is to interfere with, disturb, destroy, alter or carry away any wreckage, article or thing at the scene until permission to do so has been given by a Ministry of Labour (MOL) inspector. The incident scene must be left undisturbed.

J. SIGNATURES

| |
|--|
| Print Name of Injured Person or Person Completing Report Form: _____ |
| Signature of Injured Person or Person Completing Report Form: _____ |
| Date: (MM/DD/YY) _____ |

Upon completion submit original to Health & Safety Dept. and a copy to Supervisor to continue investigation process if applicable.

INSTRUCTIONS FOR INCIDENT REPORTING:

- Report all work-related incidents, regardless of severity to HSE Department
- If there is any time lost from work or medical treatment is sought after this form has been submitted, **notify HSE immediately**
- **Supervisor must complete the 'Supervisor's Incident Investigation Form' for ALL medical aids and lost time injuries.**

DEFINITIONS

Incident: An incident is usually considered to be unintended, unwanted event or series of events that result in a loss consisting of

- Injury to people
- Spoiled material
- Damaged equipment or property

These are considered to be "sudden events". Most importantly incident investigations are conducted to find out the cause of incidents and to prevent similar incidents in the future.

Unsafe Condition(Near Miss): An unsafe condition(near miss) is an occurrence that **could** have caused any or all of the unwanted consequences, but through sheer good luck, did not. An unsafe condition (near miss) is a warning that conditions exist which will eventually lead to an incident. Investigating unsafe conditions (near misses) and taking remedial action will prevent incidents.

Medical Aid:

These are described as serious injuries that are less severe than "Critical Injuries" but injuries that require medical assistance and / or cannot return to work immediately. In some cases, these injuries may be relatively minor such as dirt in the eye that cannot be removed by administering first aid or more serious such as laceration requiring sutures.

Lost-Time Injury:

As described in the Workplace Safety and Insurance Act (1997), is any injury that causes the worker to be absent from work for any period of time beyond the day of injury.

First Aid Injury:

Injuries of a minor nature which do not require medical attention and is treated by a first aider or by himself / herself and returns immediately to work. First Aid includes but is not limited to: cleaning minor cuts, scrapes or scratches; treating a minor burn, applying bandages and / or dressings, cold compress, cold pack and ice bag.

No Treatment: A minor injury where no treatment is required such as: a scrape, abrasion, scratch, bumping a knee or any body part, strain or sprain etc. It's important to report any injury as it could progress over time into a Medical Aid condition. If it does, and it is not reported, then this injury may have happened offsite.

Critical Injury:

Regulation 834 of the Occupational Health and Safety Act defines critical injury as follows:

"critically injured" means an injury of a serious nature that,

- places life in jeopardy,
- produces unconsciousness,
- results in substantial loss of blood,
- involves the fracture of a leg or arm but not a finger or toe,
- involves the amputation of a leg, arm, hand or foot but not a finger or toe,
- consists of burns to a major portion of the body, or
- causes the loss of sight in an eye.

The Ministry of Labour's also considers the following situations critical injuries:

- fracture or amputation of more than one finger or more than one toe
- fracture of a wrist, hand, ankle or foot