UNIVERSITY of GUELPH

INCIDENT REPORT

Reset Form | Print Form

This form must be completed and faxed within 24 hours of the Supervisor learning of the incident.
Fax to 519-780-1796 and the fax will be received by both OHW and EHS.

☐ Injury
☐ First Aid
☐ Health Care (Medical Aid)

☐ No Injury
Hazardous Situation

THIS SECTION TO BE COMPLETED BY THE EMPLOYEE

Who was hurt?
☐ CONTRACTOR
☐ EMPLOYEE
☐ STUDENT
☐ VISITOR
☐ VOLUNTEER

Last Name: | First Name: | Initial: | Phone or Ext.:

Job Title: | Department: | Union/Association:

Supervisor: | Phone or Ext.: | Department Head:

Date &Time of Incident: | Date Reported to Supervisor: | Date Submitted:

Description of Incident: ☐ Continued on attached sheet

If this was a SLIP describe footwear:

TYPE OF INCIDENT
☐ Slip, trip or fall
☐ Struck by/against object
☐ Over exertion
☐ Repetitive strain
☐ Animal bite/sting/scratch
☐ Needlestick
☐ Electrical current contact
☐ Exposure to hazardous/ infectious material
☐ Violence/Harrassment

Witnesses to the incident (include names and phone numbers):

Where did the incident occur?
☐ Guelph campus ☐ Alfred campus ☐ Kemptville campus ☐ Ridgetown campus
☐ Research station: Other:

Building name: | Room number:

Inside: ☐ Cafeteria ☐ Classroom ☐ Hallway ☐ Kitchen ☐ Lab ☐ Stairwell ☐ Office ☐ Washroom ☐ Other:

Outside: ☐ In Vehicle ☐ Loading Dock ☐ Parking Lot ☐ Stairs ☐ Walkway (indicate surface): ☐ Other:

What was the injury

AND indicate what part of the body, Right (R), Left (L), both (B) or quantity that were injured.?

☐ Head ☐ Face ☐ Neck
☐ Ear ___ ☐ Teeth ___ ☐ Eye ___
☐ Abdomen ☐ Chest ☐ Pelvis
☐ Shoulder ___ ☐ Upper Arm ___ ☐ Lower Arm ___
☐ Elbow ___ ☐ Wrist ___ ☐ Hand ___
☐ Finger(s) ___ ☐ Upper Back ___ ☐ Lower Back ___
☐ Hip ___ ☐ Upper Leg ___ ☐ Knee ___ ☐ Lower Leg ___
☐ Ankle ___ ☐ Feet ___ ☐ Toe(s) ___

Did you see a medical professional? ☐ Yes ☐ No
If YES, please provide name, address and phone number:

Treatment of injury:
☐ Occ. Health & Wellness ☐ Family physician ☐ Student Health Services
☐ Emergency room ☐ Walk-in clinic ☐ First aid station

THIS SECTION TO BE COMPLETED BY THE SUPERVISOR

Contributing Factors: What conditions contributed to the incident?

1 ☐ Operating w/o authority
2 ☐ Failure to lockout
3 ☐ Insufficient training
4 ☐ Unsafe equipment
5 ☐ Insufficient care
6 ☐ Improper position/posture
7 ☐ Inadequate illumination
8 ☐ Infraction or unsafe practice
9 ☐ Failure to use personal protective devices
10 ☐ Not guarded or improperly guarded
11 ☐ Hazardous environmental condition
12 ☐ Other (Explain)

Explanation of contributing factors:

Details of property damage (if any):

To your knowledge, has the employee had a previous similar injury or has this similar hazardous situation been reported before? ☐ Yes ☐ No ☐ N/A

Corrective measures: Actions taken to prevent a reoccurance (more than one item may apply):

1 ☐ Request job safety analysis
2 ☐ Improve work procedure
3 ☐ Equipment repair or replacement
4 ☐ On-the-job training
5 ☐ Check with manufacturer
6 ☐ Install safety device
7 ☐ Perform housekeeping
8 ☐ Review personal protective equipment
9 ☐ Reinstruction of persons involved
10 ☐ Reassignment of person
11 ☐ Inform dept. supervision
12 ☐ Inform all staff
13 ☐ Discipline of persons
14 ☐ Other (Explain)

Explanation of corrective measures:

Signature of Employee Reporting Incident: Date

Signature of Supervisor Submitting Form: Date

THE ABOVE INFORMATION IS TO BE USED FOR COMPLETION OF WSIB CLAIM FORM #7 AND/OR INVESTIGATION BY ENVIRONMENTAL HEALTH AND SAFETY
After faxing to Occupational Health and Wellness(OHW)/Environmental Health and Safety(EHS):
distribute copies to : 1. Department Head 2. Union/Association

Purpose of the Incident Report Form
The incident report form has been designed to ensure compliance with Workplace Safety and Insurance Board and Ministry of Labour regulations, which require reporting an occupational injury or disease within 24 hours of the occurrence. The information requested on this form will be used by Occupational Health and Wellness (OHW) for the completion of the WSIB Form 7 (The Employers Report of Injury or Disease) and by the Environmental Health and Safety Department (EHS) to provide information to the Ministry of Labour should it be requested and/or to ensure that the area supervisor is aware of, and has followed-up on, the injury and/or property damage that has occurred.

How to Fill Out this Form
The form has been divided into two sections. The top section of the form is to be filled out by the employee who was injured, or involved in a hazardous situation. If the employee is unable to fill out this section, for whatever reason, it is to be completed by the supervisor or can be initiated by a co-worker if the supervisor is unavailable. The lower section is to be completed by the direct supervisor of the employee completing the report.

Employee Section

- Ensure that all personal information is entered correctly and the details of the incident are documented as thoroughly as possible. Every item in the employee section requires an answer.
- If you require the use of an attachment or have continued your comments on the back of this form, please indicate this by checking the “continued on back/attached” check box in the Description of Incident section.
- The form is to be signed by the worker (if they are able) or by the person reporting the incident, prior to faxing by the supervisor.
- If you seek medical attention after the incident report form has been submitted, please notify your supervisor and OHW.

Supervisor Section

- Contributing Factors: Check off one or more of the boxes that represent the causal factors of the incident being reported.
- For insurance reasons and/or to implement prevention strategies, ensure that any property damage is detailed in this section.
- Corrective Measures: This is an extremely important section to complete. It will indicate to either EHS or OHW, or the regulatory agencies requesting copies of this form, what steps were taken by the supervisor/employer to mitigate the risk (s) associated with the task and/or prevent its reoccurrence. The explanation portion of this section is equally important. For whatever action was taken or recommended, ensure that the date and details of the work order or requisition are outlined here. Also include to whom the request was made.
- Ensure that the signatures are acquired before sending in this form, however, **do not delay submitting the form if you cannot obtain the signature of the injured party or the department head**. This can be arranged later. Send the form into OHW and EHS so that the respective WSIB and MOL notifications can be made.
- Please ensure that the department head and respective union or association receives a copy of this form.
- When an employee notifies you that he/she will be seeing a medical professional related to this recent incident, provide them with a **Functional Abilities Form** (FA). OHW can supply copies of the form as needed. Advise the employee to return the completed FA form back to you as soon as possible so that you can identify a list of suitable duties according to the outlined restrictions. Forward the copy of the completed FA form along with the list of modified duties to OHW so that they can provide the appropriate follow-up for the duration of the modified work.

By faxing this form to the fax number shown at the top of the form, both Occupational Health and Wellness and Environmental Health and Safety will automatically receive a copy.