Renfrew County Catholic District School Board

Employee Incident / Accident Report

INSTRUCTIONS:

1. **If this is a critical injury** please report to the Health and Safety Officer (Jaime Russell) **IMMEDIATELY**
2. Principal/Supervisor and Employee complete Part A together (if possible)
3. Principal/Supervisor completes Part B.
4. **FAX COMPLETE REPORT TO: Jillian Burchart, Human Resources Supervisor, within 24 hours of the accident (HR FAX: 613-732-9524)**
5. If your Principal/Supervisor is unavailable – complete and send Part A within 24 hours of the accident and have your Principal/Supervisor complete and send Part B as soon as possible after they are available.
6. If the Employee is seeking health care, please take the FAF FORM to the Health Care Professional for completion and return it to Human Resources (HR Fax: 613-732-9524)

PART A – ACCIDENT/ILLNESS DETAILS - TO BE COMPLETED BY PRINCIPAL/SUPERVISOR AND EMPLOYEE

SECTION 1

Employee Name:____

Home Phone:________________________ **Job Title/Position:**_______________________________

Work Location:____________________________ **Working Hours: From:**___________ **To:**______________

Date & Time of Accident/Illness: **Date** _________________ **Time:** ________________________

Date & Time Reported: **Date** _________________ **Time:** ________________________

Reported to: (Name and Position):____

SECTION 2

HEALTH CARE:

Did employee receive health care for this injury? ☐ Yes ☐ No If yes, please indicate date:_____________________

Where was the worker treated for this injury? (Check all that apply)

☐ On-site health care ☐ Ambulance ☐ Emergency Dept. ☐ Admitted to Hospital

☐ Clinic ☐ Health Professional Office (Doctor/Dentist/Chiropractor/Physiotherapist)

Name, Address and Phone number of health professional (if known) ___________________________________

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SECTION 3

LOST TIME - NO LOST TIME

Please choose ONE - **After day of accident/awareness of illness, this employee:**

☐ Returned to **regular job** and has **NOT** lost any time and/or earnings. – move on to Section 4
☐ Returned to **modified** job and has **NOT** lost any time and/or earnings. – complete below
☐ **Has** lost time and/or earnings - complete below.

(a) Date of First Day of Lost Time:_______________________

(b) Date Back to Work (if applicable):__________________________________

(c) Modified Duties. Please explain modifications:____

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SECTION 4

DESCRIPTION OF ACCIDENT/ILLNESS

Explain what happened to cause the accident/illness and what the Employee was doing at the time. Describe the injury and provide any details of equipment, materials, environmental conditions (work area, temperature, noise, chemical, gas, fumes, other person) that may have been involved. If the condition occurred gradually over time, please explain how it developed:

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SECTION 5

TYPE OF ACCIDENT/ILLNESS (PLEASE CHECK ALL THAT APPLY):

☐ Struck or Contact By
☐ Slip/No Fall
☐ Over Exertion/Strain
☐ Aggression
☐ Struck Against/Contact with
☐ Caught In/under/on/between
☐ Repetitive Body Movement
☐ Insufficient Information
☐ Fall
☐ Exposure
☐ Traumatic Event
☐ Other___

AREA OF INJURY (BODY PART) (Please check all that apply):

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

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
Foot	☐ Left	☐ Right	**Toe(s)**	☐ Left	☐ Right						

WHERE INJURY OCCURRED:

☐ Outdoor walkways ☐ Classroom ☐ Hallway ☐ Indoor Foyer/Entrance/Exit
☐ Office ☐ Parking Lot ☐ Playground ☐ Stairwell
☐ Gymnasium ☐ Library ☐ Other___

WITNESSES (Names and Positions): 1.___ 2.___

PRIOR CONDITIONS:

Are you aware of any prior similar/related problem, injury of condition? ☐ Yes ☐ No

If **yes**, please explain:___

PART B – ACCIDENT/ILLNESS INVESTIGATION - TO BE COMPLETED BY PRINCIPAL/SUPERVISOR

SECTION 7

ADDITIONAL INFORMATION:

Are you aware of any additional information relevant to this accident/illness? ☐ Yes ☐ No

If **yes**, please explain:____

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Section 7

CAUSES:

☐ 1	Operating without Authority	☐ 2	Unsafe Equipment
☐ 3	Unsafe Loading, Placing, Mixing, Combining, etc.	☐ 4	Unsafe Position or Posture
☐ 5	Distracting, Teasing, Wilful Misconduct	☐ 6	Failure to use Personal Protective Devices
☐ 7	Inadequate Illumination	☐ 8	Fire, Explosion, Atmospheric Hazard
☐ 9	Hazardous Personal Attire	☐ 10	Unsafe Design or Arrangement
☐ 11	Hazardous Method or Procedure	☐ 12	Outside Hazardous Condition
☐ 13	Improperly Labelled or Identified	☐ 14	Improper Ventilation
☐ 15	Inadequate Clearance, workspace	☐ 16	Inadequate Tools or Equipment
☐ 17	Inadequate Help	☐ 18	No Hazard
☐ 19	Making Safety Devices Inoperable	☐ 20	Inadequate Maintenance
☐ 21	Inadequate Housekeeping	☐ 22	Failure to Follow Established Procedures, Rule
☐ 23	Inattention	☐ 24	Physical Condition
☐ 25	Other ______________________		

SECTION 8

CORRECTIVE & PREVENTATIVE ACTION:

☐ 1	Re-instruction of person involved	☐ 2	Re-assignment of person
☐ 3	Order Job Safety Analysis	☐ 4	Improved Personal Protective Equipment
☐ 5	Repair or Replacement	☐ 6	Installation of Guard or Safety Device
☐ 7	Actions to Improve Design/Method	☐ 8	Check with Manufacturer
☐ 9	Discipline of Persons involved	☐ 10	Workplace Inspection
☐ 11	Consult with Health & Safety	☐ 12	Consult with Joint Health & Safety Committee
☐ 13	Consult with Ministry of Labour	☐ 14	Incident under Investigation
☐ 15	Correction of Congested Area	☐ 16	Inform All Department Supervision
☐ 17	Improve Housekeeping Procedure	☐ 18	Develop written safe working procedures
☐ 19	Ergonomic Assessment	☐ 20	Develop Inspection Form and Routine
☐ 21	Provide Proper Ventilation	☐ 22	Other ______________________

Describe how the above action(s) have been (or will be) implemented to prevent a recurrence & include timelines:

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Please involve the Health & Safety Officer, Jaime Russell in your investigation

PART C – ACCIDENT/ILLNESS INVESTIGATION - TO BE COMPLETED BY THE HEALTH & SAFETY OFFICER – JAIME RUSSELL

HEALTH & SAFETY ACTION PLAN:

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______________________________________ ______________________

Employee's Signature **Date**

______________________________________ ______________________

Principal/Supervisor's Signature **Date**

______________________________________ ______________________

Health & Safety Officer Signature **Date**