**All information collected will be protected and used in compliance with the**

**Freedom of Information and Protection of Privacy Act (FOIPP)**

* ***INJURIES*** *must be reported IMMEDIATELY to your location’s Health & Safety Representative*
* *This form, once completed, should be forwarded to: your Health & Safety Representative and Summit’s Operations Support & Human Resources personnel.*
* *This form is only used for the purpose of reporting information and to establish preventative measures (unless a formal investigation is required)*

ACCIDENT / INJURY / ILLNESS/INCIDENT INFORMATION

|  |  |
| --- | --- |
| **TYPE of INCIDENT?** (Please check one) [ ]  Near Miss  [ ] First Aid [ ]  Medical Aid [ ]  Lost Time [ ]  SV&HP | **DATE OF INCIDENT / INJURY** |
| **TIME OF INCIDENT:**   **A.M P.M.** | **TIME INCIDENT REPORTED:**    **A.M. P.M.** |
| **REPORTED TO:**  |
| **NAME OF INJURED / AFFECTED PERSON:** |  |
| **TELEPHONE:** |   | **TYPE** – Please check one [ ]  **STAFF** [ ]  **STUDENT** [ ] **VISITOR** |
| **NAME OF SUPERVISOR / INSTRUCTOR:** | Nadine Spence-Thomas | **TELEPHONE:** |   |
| Were there any witnesses to the incident? [ ]  Yes [ ]  No If yes, identify the names of the witnesses  |

OTHER INFORMATION

|  |
| --- |
| **WHERE DID THIS INCIDENT / INJURY OCCUR? (Please be specific)**  |
| **HOW DID THIS INCIDENT / INJURY OCCUR?** **(Tools, Equipment, Material Used) – according to the initial statement of the injured party**   |
| **DESCRIBE THE INJURY:**  |
| **Was the injured party advised to seek medical treatment?**  [ ]  Yes [ ]  No **N/A****LIST ALL FIRST AID TREATMENT RENDERED:**  |
|  |

|  |
| --- |
| **Was the injured party hospitalized?** [ ]  Yes [ ]  No N/A |
| **DESCRIBE ANY PERSONAL PROTECTIVE EQUIPMENT USED (SAFETY EQUIPMENT):**N/A |
| *Was a Workplace Safety & Insurance Board form completed?(For employees only)* [ ]  **YES** [ ]  **NO** |
| **If YES, by whom?** |  |

INCIDENT / INJURY – FOLLOW-UP ACTIONS

|  |  |
| --- | --- |
| **TYPE OF INCIDENT/ INJURY:** |  [ ]  Occupational [ ]  Non-occupational |
|  **RECOMMENDATIONS:****(PREVENTATIVE)** |  |
| **ACTION TAKEN:** |  |
| **COMPLETION DATE:** |  |

INCIDENT ANALYSIS WORK SHEET

|  |  |
| --- | --- |
| **INJURY / LOSS:** |  |
| **INCIDENT:** |  |
| **IMMEDIATE / UNDERLYING CAUSES:** |  |
| **UNDERLYING CAUSES:** |  |

Report completed by: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Please Print*

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: