**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: