



Injury / Incident Report

INSTRUCTIONS ON REVERSE

 NO INJURY
 Hazardous Situation

 INJURY
 first aid health care / medical aid
 gradual onset lost time

IMPORTANT - IF PERSONAL INJURY IS INVOLVED, FORM MUST BE FAXED WITHIN 24 HRS. OF THE INCIDENT TO EITHER ENVIRONMENTAL & OCCUPATIONAL HEALTH SUPPORT SERVICES (FAX #:(905) 540-9065, Room WH-115) OR FACULTY OF HEALTH SCIENCES SAFETY OFFICE (FAX #:(905) 528-3539, Room HSC 3N1C)

To be completed by Person Reporting Injury/Incident.

Last Name	First Name	ID Number
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<input type="checkbox"/> Employee <input type="checkbox"/> Volunteer	Occupation at the time of injury: _____	Department / Unit	Extension
<input type="checkbox"/> Student <input type="checkbox"/> Visitor	Yrs/Months service to McMaster University in occupation: _____		

D/M/Y OF INCIDENT	TIME OF DAY	D/M/Y REPORTED	TIME OF DAY
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DESCRIPTION OF INCIDENT **INCIDENT LOCATION: BLDG. _____ Room # _____**

STATE EXACTLY - THE SEQUENCE OF EVENTS LEADING UP TO THE INCIDENT, WHERE INCIDENT OCCURRED, WHAT PERSON WAS DOING, SIZE, WEIGHT AND TYPE OF EQUIPMENT OR MATERIALS INVOLVED, ETC.

Please attach separate page if more space is required.

LOST TIME INCIDENT

Scheduled Shift on Day of Injury _____

Date/Time Last Worked _____

Date/Time Returned to Work _____

Regular Days of Work: _____

S M T W Th F Sa

NAMES AND ADDRESSES OF WITNESSES

CONTRIBUTING FACTORS
 WHAT CONDITIONS CONTRIBUTED TO THE INCIDENT (✓) (Number all contributing causes).

1 <input type="checkbox"/> OPERATING WITHOUT AUTHORITY	6 <input type="checkbox"/> IMPROPER POSITION OR POSTURE	9 <input type="checkbox"/> INADEQUATE ILLUMINATION	13 <input type="checkbox"/> HAZARDOUS ENVIRONMENTAL CONDITION
2 <input type="checkbox"/> FAILURE TO LOCK OUT	7 <input type="checkbox"/> FAILURE TO USE PERSONAL PROTECTIVE DEVICES	10 <input type="checkbox"/> FIRE, EXPLOSION	14 <input type="checkbox"/> DISTRACTING, TEASING, WILFUL MISCONDUCT
3 <input type="checkbox"/> INSUFFICIENT TRAINING	8 <input type="checkbox"/> NOT GUARDED OR IMPROPERLY GUARDED	11 <input type="checkbox"/> POOR HOUSEKEEPING	15 <input type="checkbox"/> OTHER (EXPLAIN)
4 <input type="checkbox"/> UNSAFE EQUIPMENT / POOR DESIGN		12 <input type="checkbox"/> UNSAFE PRACTICE	
5 <input type="checkbox"/> INSUFFICIENT CARE			

EXPLANATION OF CONTRIBUTING FACTOR(S) _____

DETAILS OF PROPERTY DAMAGE _____

CORRECTIVE MEASURES

ACTIONS TO PREVENT RECURRENCE - INDICATE WITH (✓) ACTIONS TAKEN TO PREVENT RECURRENCE. SPECIFY OTHER ACTIONS PLANNED AND PERSON RESPONSIBLE FOR IMPLEMENTATION. More than one item may apply.

1 <input type="checkbox"/> REINSTRUCTION OF PERSON INVOLVED	5 <input type="checkbox"/> EQUIPMENT REPAIR OR REPLACEMENT	9 <input type="checkbox"/> CHECK WITH MANUFACTURER
2 <input type="checkbox"/> REASSIGNMENT OF PERSON	6 <input type="checkbox"/> CORRECTION OF CONGESTED AREA	10 <input type="checkbox"/> INFORM ALL DEPARTMENT SUPERVISION
3 <input type="checkbox"/> ORDER JOB SAFETY ANALYSIS DONE	7 <input type="checkbox"/> INSTALLATION OF GUARD OR SAFETY DEVICE	11 <input type="checkbox"/> DISCIPLINE OF PERSONS INVOLVED
4 <input type="checkbox"/> IMPROVED PERSONAL PROTECTIVE EQUIPMENT	8 <input type="checkbox"/> ACTIONS TO IMPROVE WORK PROCEDURE	12 <input type="checkbox"/> OTHER (EXPLAIN)

DESCRIBE ACTIONS TAKEN TO PREVENT RECURRENCE.

INJURY EMPLOYEE IS RIGHT HANDED LEFT HANDED

DESCRIBE INJURY, PART OF BODY INVOLVED AND SPECIFY LEFT OR RIGHT SIDE.

EYES HEAD ARMS CHEST INTERNAL
 BACK HANDS LEGS FEET

NAME OF a) ATTENDING PHYSICIAN	b) EMPLOYEE'S PHYSICIAN	TREATMENT OF INJURY <input type="checkbox"/> NONE
		<input type="checkbox"/> EMPLOYER PHYSICIAN <input type="checkbox"/> EMERGENCY <input type="checkbox"/> FAMILY PHYSICIAN <input type="checkbox"/> OTHER PHYSICIAN / SPECIALIST

TO YOUR KNOWLEDGE HAS THE EMPLOYEE HAD A PREVIOUS SIMILAR INJURY? YES NO

PERSON REPORTING INCIDENT (PRINT NAME)	DATED	SUPERVISOR / EXTENSION # (PRINT NAME)	DATED	DEPARTMENT HEAD (PRINT NAME)	DATED
SIGNATURE		SIGNATURE		SIGNATURE	

Instruction for Completing Form

The employee has the responsibility of reporting incidents promptly. The worker and the supervisor must fill out the designated portions of this form and the worker, supervisor and department head (chair, director, etc.) must sign it. The supervisor is responsible for investigating the accident and for ensuring corrective action to prevent a recurrence of the incident for due diligence purposes. If personal injury is involved, all McMaster University WSIB (Workplace Safety and Insurance Board) procedures must be followed. The report must be forwarded immediately to Environmental and Occupational Health Support Services at (905) 540-9085, or for areas in the Faculty of Health Sciences, forward to the Safety Office at (905) 528-8539.

TYPES OF INCIDENTS TO REPORT

HAZARDOUS SITUATION - Refers to an incident caused by an unsafe act, an unsafe condition or a combination of both in the work environment which could have resulted in property loss and/or physical harm.

FIRST AID INJURY - An injury of such minor nature that treatment can be carried out by application of a band aid, cold compress or any other content of a first aid kit.

HEALTH CARE (MEDICAL AID) INJURY - An incident which requires treatment or service rendered by a health care professional but does not result in time lost from work other than the day of injury.

LOST TIME INJURY - Refers to an injury which results in time lost from work beyond the day of the injury.

GRADUAL ONSET - Refers to an occupational disease/illness that has resulted from exposure in the workplace to physical, chemical or biological agents, which developed gradually over time.

RESPONSIBILITIES

Employee Responsibilities

1. Promptly receive appropriate medical treatment.
2. Notify supervisor immediately of injury.
3. Assist with the completion of Injury/Incident form and sign it.
4. Assist in the incident investigation and implementation of any corrective action.
5. Adhere to the legal requirements of WSIB and participate in McMaster University's return to work initiatives if lost time results from a work related injury.

Supervisor Responsibilities

1. Ensure that the injured employee receives appropriate medical treatment in the case of personal injury.
2. Provide transportation for the injured employee to a health care practitioner or to the person's home if necessary.
3. Report the injury/incident to Environmental and Occupational Health Support Services or the Faculty of Health Sciences Safety Office on the Injury/Incident Form and distribute copies as outlined on the form.
4. Investigate the incident as soon as possible and take corrective actions when appropriate to prevent reoccurrence.
5. Inform Environmental and Occupational Health Support Services promptly if a worker has been diagnosed with an occupational disease.
6. In the event of lost time, inform Employee Work-Life Support Services at ext. 23564 promptly of time lost, return to work initiatives and any change in the employee's status.

Critical Injury is defined as 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.

In the case of a critical injury, supervisors are responsible for:

1. Securing the accident site and ensure that further injury is prevented
2. Immediately arranging for medical and emergency assistance by calling Security at "88", or "5555" at host hospitals.
3. Immediately notifying Environmental and Occupational Health Support Services at ext. 24352 and communicate details of the incident.
4. Ensure that the site remains undisturbed until Environmental and Occupational Health Support Services provide clearance.
5. Cooperate with directives from Environmental and Occupational Health Support Services and the Ministry of Labour.