LOYALIST COLLEGE Of Applied Arts & Technology

SIIR # _____

Supervisor's Incident Investigation Report

FAX to 966-5140, E-Mail or hand-deliver to Human Resources, within 48 hours

Sections A to E may be completed by Injured Person OR Supervisor

A. General Information	
Injured Person's Name:	Department:
Job Title:	Supervisor:
Date (MMMM d yyyy) & Time of Incident:	Date (MMMM d yyyy) & Time Reported to Supervisor:

B. Employment Status

☐ Faculty ☐ Support Staff ☐ Administrative
☐ Student ☐ Visitor ☐ Contractor - Company Name:

☐ Student – Unpaid Work Placement -- SIN # Date of Birth:
☐ Com. Employment Services Placement -- SIN # Date of Birth:

C. Incident Severity

☐ Incident – No Injury ☐ First-Aid ☐ **Critical Injury** (fatality, life in jeopardy, unconsciousness, substantial loss of blood, fracture of an arm/leg/hand/foot/ multiple fingers or toes, amputation of arm/leg/hand/foot/multiple fingers or toes, burns to a major portion of the body, loss of sight in an eye). See Page 2 for reporting information.
☐ Minor Injury – No Treatment ☐ Health Care
☐ Gradually Occurring Over Time ☐ Lost Time

D. Incident Type

☐ Struck/Caught ☐ Repetition ☐ Fall ☐ Assault/ Violent Act
☐ Overexertion ☐ Fire/Explosion ☐ Slip/Trip ☐ Motor Vehicle Incident
☐ Harmful Substance/ Environmental ☐ Near Miss ☐ Occupational Disease
☐ Property Damage ☐ Other (specify):

E. Incident Information (Please be as detailed as possible)

Location of Incident (and address if off campus):

Part of Body Injured: ☐ Right Side ☐ Left Side

Has the injured person had a previous similar injury/disease? ☐ No ☐ N/A ☐ Yes (explain)

Was any individual who does not work for Loyalist College responsible for the incident? ☐ No ☐ Yes (explain)

Witnesses to the Incident (include work telephone number):

First Aid Treatment? ☐ No ☐ Yes (Date & Name of FA Provider)

Medical Treatment? ☐ No ☐ Yes (Date & Name of Dr/Hospital)

Lost time (Beyond day of incident)? ☐ No ☐ Yes Number of Days lost: RTW Date (MMMM d yyyy)

Describe Clearly How the Incident Occurred: (What was the person doing at the time of the incident? How were they injured? Description (including size and weight) of equipment involved? Environmental conditions? etc.)

Section F & G to be Completed by Supervisor

F. Supervisor's Investigation & Follow-up
In order to identify root causes, consider the following possible contributing factors to the incident - ➢ People: Trained? Adequate supervision? Others involved in some way? ➢ Equipment: Tools correct, good condition, used correctly? Equipment design, maintenance or failure? ➢ Materials: Labeled & used correctly? PPE available & used? ➢ Environment: Temperature, lighting, noise levels, air quality? Housekeeping practices? ➢ Process: Proper work procedures used? Safety devices appropriate & used? **What are the identified root causes of the incident?**
What has or will be done to prevent a similar incident?

G. Signatures	
Supervisor: (print)	Date: (MMMM d yyyy)
Signature*****:	
Reviewed By: (OH&S Coordinator)	Date: (MMMM d yyyy)
Signature :	

***Note: Signature is not required if form is submitted electronically.**

Instructions for Incident Reporting:

- See Appendix OHS-006(A) for a guide to performing an Incident Investigation.
- Report all work-related incidents, regardless of severity.
- If there is any time lost from work or medical treatment is sought after this form has been submitted to HR, notify the Health & Safety Coordinator immediately.

Critical/Serious Injury:

- **Immediately** phone the **Health & Safety Coordinator** (x 2418 or 613-403-3183) or designate.
- In the event of a ***Critical Injury*** (see section C) immediate phone notification is required to the following listed people. If you are not able to reach the Health & Safety Coordinator to make these calls, the area manager must contact by phone:
  - MOL H&S Contact Centre 1-877-202-0008
  - JHS Committee/H&S Representative
- If a person is critically injured, other than to save life or prevent suffering or to prevent unnecessary damage to equipment or property, the incident scene must be left undisturbed until the MOL Inspector has completed the incident investigation.

Distribution: ☐ Area Supervisor ☐ JHSC/Safety Rep