

Supervisor Incident/Accident Report and Investigation Form

(The Regulations for Industrial Establishments under the Occupational Health and Safety Act , Section 5, Notice of Accidents, requires that additional information must be reported to that provided on the WSIB Form 7. Supervisors are required to conduct a thorough investigation of incidents resulting in injuries or illness. This form is to be completed by the supervisor in addition to the WSIB Form 7 (should one be required). This form must be sent to the Assistant Director, Environmental Health and Safety within 2 days of the incident.)

Name:	Date of Incident:
Job Title:	Location of Incident:
Department:	Supervisor:
Phone:	Phone:
WSIB Form 7 Completed: <input type="checkbox"/> Y <input type="checkbox"/> N	

Briefly describe the events leading to the incident or injury, what was being done at the time, describe the injury and what actually happened, and include a description of any equipment or machinery involved. Attach an additional page if necessary.

Check one or more factors that may have contributed to the incident/injury:

Task Related:	<input type="checkbox"/> Hazardous procedure used	<input type="checkbox"/> Inadequate Personal Protective Equipment
	<input type="checkbox"/> Improper position or posture	<input type="checkbox"/> Incorrect, defective or unavailable tools
Material/Equip:	<input type="checkbox"/> Inadequate guarding	<input type="checkbox"/> Inadequate labeling
	<input type="checkbox"/> Unsafe design or construction	<input type="checkbox"/> Inadequate lockout/tagout
Environment:	<input type="checkbox"/> Poor weather conditions	<input type="checkbox"/> Inadequate lighting/ventilation
	<input type="checkbox"/> Poor housekeeping	<input type="checkbox"/> Poor workstation layout
Personal:	<input type="checkbox"/> Inexperience of person	<input type="checkbox"/> Lack of training
	<input type="checkbox"/> Unusual stress	<input type="checkbox"/> Operating without authority
Organization:	<input type="checkbox"/> Inadequate maintenance	<input type="checkbox"/> Lack of safety procedures
	<input type="checkbox"/> Lack of safety inspection	<input type="checkbox"/> Inadequate supervision

Other: (explain)	
Briefly describe the action taken or planned to prevent a recurrence.	
Check one or more actions taken or planned to prevent a recurrence:	
<input type="checkbox"/> To repair or replace tool or equipment	<input type="checkbox"/> To improve personal protective equipment
<input type="checkbox"/> To install guard or safety device	<input type="checkbox"/> To provide, update, or develop training
<input type="checkbox"/> To revise or develop a procedure	<input type="checkbox"/> To provide closer supervision
<input type="checkbox"/> To improve preventative maintenance program	<input type="checkbox"/> To request an ergonomic assessment
<input type="checkbox"/> To improve or increase inspections	<input type="checkbox"/> To improve housekeeping
<input type="checkbox"/> To contact supervisor for assistance	<input type="checkbox"/> To contact EHS for assistance
<input type="checkbox"/> To contact supplier/manufacture for assistance	<input type="checkbox"/> To contact FMP for assistance
<input type="checkbox"/> To contact HR for assistance (discipline)	<input type="checkbox"/> Other (explain)

Probable Recurrence Rate		
<input type="checkbox"/> Frequent	<input type="checkbox"/> Occasional	<input type="checkbox"/> Rare

Investigated by Supervisor (name and signature)	Reviewed by Department Head (name and signature)
Date:	Date:

Send the form within 48 hours of the incident to: Assistant Director, Environmental Health and Safety
Environmental Health and Safety
Carleton University
1500 CTTC Building
Fax: 613-520-3540