

Supervisors Incident 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.)

THIS FORM IS FOR

REFERENCE PURPOSES

ONLY.

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.

**PLEASE REPORT
INCIDENTS WITH
CUWORKSAFE**

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"/>	
	<input type="checkbox"/> Unsafe design or construction	<input type="checkbox"/> Inadequate lockout/tagout
Environment:	<input type="checkbox"/>	<input type="checkbox"/>
	<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.

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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 a job site 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/manufacturer for assistance | |
| <input type="checkbox"/> To contact HR for assistance (discipline) | <input type="checkbox"/> Other (explain) |

PLEASE REPORT INCIDENTS WITH CU WORKSAFE

Probable Recurrence Rate

Frequent

Occasional

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
209 Maintenance Building
Fax: 613-520-4383