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: | Y | 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:

<table>
<thead>
<tr>
<th>Task Related:</th>
<th>Material/Equip:</th>
<th>Environment:</th>
<th>Personal:</th>
<th>Organization:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hazardous procedure used</td>
<td>Inadequate guarding</td>
<td>Poor weather conditions</td>
<td>Inexperience of person</td>
<td>Inadequate maintenance</td>
</tr>
<tr>
<td>Improper position or posture</td>
<td>Incorrect, defective or unavailable tools</td>
<td>Inadequate lighting/ventilation</td>
<td>Lack of training</td>
<td>Lack of safety inspection</td>
</tr>
<tr>
<td>Inadequate Personal Protective Equipment</td>
<td>Inadequate labeling</td>
<td>Poor workstation layout</td>
<td>Operating without authority</td>
<td>Inadequate supervision</td>
</tr>
</tbody>
</table>
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:

☐ To repair or replace tool or equipment
☐ To improve personal protective equipment
☐ To install guard or safety device
☐ To provide, update, or develop training
☐ To revise or develop a procedure
☐ To provide closer supervision
☐ To improve preventative maintenance program
☐ To request an ergonomic assessment
☐ To improve or increase inspections
☐ To improve housekeeping
☐ To contact supervisor for assistance
☐ To contact EHS for assistance
☐ To contact supplier/manufacturer for assistance
☐ To contact FMP for assistance
☐ To contact HR for assistance (discipline)
☐ Other (explain)

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

EHS
ENVIRONMENTAL
HEALTH AND SAFETY