UNIVERSITY OF WATERLOO

INCIDENT & INVESTIGATION REPORT

IMPORTANT – IF PERSONAL INJURY INVOLVED, FORM MUST BE SUBMITTED WITHIN 24 HRS OF INCIDENT TO SAFETY OFFICE (FAX#:519-886-8082, safety@uwaterloo.ca, COMMISSARY BUILDING).

SECTION 1: INJURED/REPORTING PERSON

Last Name	First Name	Occupation

Campus Extension / Home Phone	Status	Department/Unit:	Supervisor:
	☐ Full Time Employee ☐ Part Time Employee ☐ Graduate Research Assistantship ☐ Contractor ☐ Visitor ☐ Student **Were you an employee at time of incident?** ☐Yes ☐ No		
Employee/Student ID #:			

SECTION 2: DESCRIPTION OF THE INCIDENT

Date of Incident: DD MM YY	Time: ☐ am ☐ pm	Date of Reporting: DD MM YY	Time: ☐ am ☐ pm	Incident Reported to:

INCIDENT TYPE

☐ Hazardous Situation – No Injury (Near Miss, Fire, Spill, Explosion, Property Damage, Workplace Violence)

Injury: ☐ No Treatment ☐ First Aid ☐ Medical Aid/Lost Time

Incident Location (Building, Room #, Parking Lot, etc.)

At the time of the incident, explain what you were doing and the effort involved.

What happened to cause the incident?

Body part(s) involved (specify Right or Left side)

Name and phone number of witness(es)

☐ Additional Information attached

RISK CATEGORY (REFER TO INSTRUCTIONS ON PAGE 3)

What level of Risk is present if not corrected?	
SEVERITY: ☐ Severe ☐ Serious ☐ Minimal	PROBABILITY: ☐ High ☐ Medium ☐ Low

SECTION 3: MEDICAL AID AND LOST TIME INFORMATION

Date Medical Aid received: _____ **Name of Health Care Provider:** _____

☐ UW Health Services ☐ Family Physician ☐ Walk-In/Urgent Care ☐ Emergency ☐ Chiropractor/Physiotherapist

Is there time lost from work due to this incident? ☐YES ☐ NO If "YES" complete this section

Date last worked: DD MM YY	Time last worked: ☐ am ☐ pm	Weekly Pay Hours:	Scheduled hours for week of injury SUN MON TUES WED THURS FRI SAT	Date returned to work

The University of Waterloo collects and maintains information on this form under the authority of the *Occupational Health & Safety Act, Workplace Safety & Insurance Act, and the University of Waterloo Act*, 1972. Information will be protected, used, and released in compliance with Ontario's *Freedom of Information and Protection of Privacy Act* (R.S.O. 1990, c. F.31) and UW's policies. Questions about the collection, use, and disclosure of personal information by the University, should be directed to the university's Privacy Officer at: fippa@uwaterloo.ca.

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SECTION 4: INCIDENT INVESTIGATION (mandatory for all Hazardous situations, Medical Aid/Lost Time injuries). Department heads to sign off on all incidents requiring mandatory investigation

Is there a written Standard Operating Procedure (SOP) or job hazard analysis (JHA) for this job/task?

☐ YES ☐ NO

Has this worker received training relevant to the activity involved?

☐ YES ☐ NO

IMMEDIATE CAUSES

What actions and/or conditions contributed to the incident? Check below, explain here:

☐ Horseplay, Willful Misconduct	☐ Inadequate housekeeping	☐ Unsafe tools or equipment
☐ Improper tools/equipment/PPE/clothing	☐ Unsafe loading, lifting, placing	☐ Failure to follow established procedures, rules
☐ Inattention to task	☐ Unsafe position or posture	☐ Failure to use personal protective equipment
☐ Hazardous method or procedure	☐ Making safety devices inoperable	☐ Hazardous physical/environmental condition
☐ Improper ventilation	☐ Operating without authority	☐ Servicing equipment in operation
☐ Improperly labelled or identified	☐ Using equipment improperly	☐ Other condition
☐ Inadequate clearance, workspace	☐ Unsafe design or arrangement	

ROOT CAUSES (REFER TO INSTRUCTIONS ON PAGE 3)

What factors caused the incident? Conduct a 5-Why analysis, check below, explain here:

☐ Inadequate leadership/supervision	☐ Inadequate design	☐ Inadequate maintenance
☐ Lack of training, knowledge	☐ Inadequate work standard/procedure	☐ Improper/incorrect motivation
☐ Lack of skill, experience	☐ Inadequate risk assessment	☐ Other

PREVENTIVE AND CORRECTIVE ACTIONS

☐ Actions to improve design/method	☐ Improve housekeeping procedure	☐ Repair or replace equipment/facilities/tools
☐ Remove hazard	☐ Install guard or safety device	☐ Actions to improve grounds/facilities maintenance
☐ Substitution	☐ Conduct Job Hazard Analysis	☐ Provide hazard-specific training
☐ Correction of congested area	☐ Provide appropriate PPE	☐ Supervisor to conduct workplace inspections
☐ Actions to improve work procedure	☐ Provide proper ventilation	☐ Inform supervision and affected employees of hazard
☐ Discipline	☐ Reassignment of person(s) involved	☐ Other
☐ Ergonomic assessment	☐ Re-instruction of person(s) involved	

Description of Action(s) taken:	**Completed**	**Planned**	
		Expected Date (DD/MM/YY)	Completion date (DD/MM/YY)
1.	☐ YES		
2.	☐ YES		
3.	☐ YES		
4.	☐ YES		
Will the actions identified correct the root cause?		☐ YES ☐ NO	
Were corrective actions communicated to all affected individuals?		☐ YES ☐ NO	

SIGNATURES

Injured/Involved Person (print):	Signature:	Date:	Phone # / Extension:
Supervisor (print):	Signature:	Date:	Phone # / Extension:
Department Head (print):	Signature:	Date:	Phone # / Extension:

Cc: Dept. head, Health & Safety Coordinator, Safety Office

Retention: (HS60) 2 years in Department, Secure Destruction

INSTRUCTIONS FOR COMPLETING THIS FORM

INCIDENTS THAT MUST BE REPORTED:

- Hazardous Situation: Refers to an incident caused by an unsafe act or condition which could have resulted in injury or property loss. Examples include near miss, fire/explosion, hazardous materials spill or property damage >$2000.
- First Aid Injury: A minor injury where treatment is carried out by first aid measures (e.g. bandage, cold pack).
- Medical Aid Injury: An injury which requires treatment or care by a health care professional.
- Lost Time Injury: An injury which results in time lost from work after the date of injury.

CRITICAL INJURY (O.REG. 834) - 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 event of a critical injury, supervisors are responsible for:

1. Obtaining immediate emergency medical attention.
2. Securing the incident site and ensuring that further injury is prevented.
3. Calling Police Services at 519-888-4911 or ext. 22222 from an on-campus phone to report the critical injury.
4. Ensuring that the site remains secure until cleared by Police Services or a representative from the Safety Office.
5. Cooperating with the Safety Office and Ontario Ministry of Labour throughout the course of an investigation.

INCIDENT INVESTIGATIONS

An investigation must be performed following all hazardous situations (near misses), medical aid and lost time injuries. The Department head is required to sign off on investigations to confirm correction actions will be completed.

RESPONSIBILITIES

Employee responsibilities:

1. Promptly seek appropriate medical attention.
2. Notify supervisor as soon as possible of injury/illness, relevant healthcare and restrictions.
3. Participate in completion of Incident and Investigation Report by providing information about the incident and how it could be prevented.
4. Provide information as required to the Workplace Safety & Insurance Board (WSIB), and participate in UWaterloo's Return to Work program.

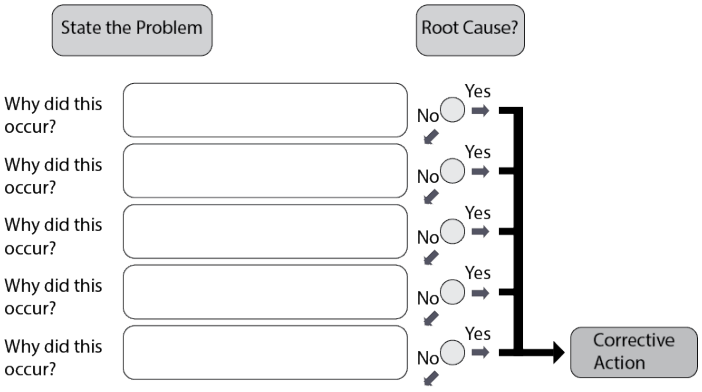
Supervisor responsibilities:

1. Ensure the injured employee receives prompt and appropriate first aid and/or medical attention.
2. Provide immediate transportation for the injured employee to emergency healthcare.
3. Complete the Injury and Investigation Report and submit within 24 hours to the Safety Office. If incomplete, resubmit form when all signatures have been obtained and corrective actions identified.
4. Conduct an investigation and take corrective actions to prevent recurrence.
5. Identify potential suitable modified work for the employee and participate in the Return to Work process.
6. Maintain communication with the injured employee.

RISK CATEGORY DEFINITIONS

SEVERITY	PROBABILITY
SEVERE – Danger of death, permanent disability. e.g. critical injury, major or multiple fractures, significant property damage	HIGH – event could happen frequently because exposure to the hazard is likely
SERIOUS – Medical treatment required by a doctor. e.g. burns, fractures or lacerations, moderate property damage	MEDIUM – event is probable; foreseeable varying conditions are present and event is known to have occurred occasionally
MINIMAL – Negligible personal harm or property damage, minor cuts, burns or bruises.	LOW – event is very improbable; a result of a rare combination of circumstances; known to have occurred very infrequently

ROOT CAUSE ANALYSIS – 5-WHY METHOD



1. State the immediate cause (the problem). This can be repeated if there are several immediate causes.
2. Think about reasons why the problem occurs; what conditions allowed the event to occur? – begin by looking at factors arising from People, Equipment, Materials, Environment, and Process (PEMEP).
3. If the answer doesn't identify the source (i.e. root cause) of the problem, ask 'why?' again and repeat the process.
4. Loop back to step three until it is agreed that the root cause has been identified. This may take fewer or more than five 'whys?'.
5. Once the root cause is identified, take corrective action to correct the root and any associated causes.