

ACCIDENT/INCIDENT INVESTIGATION

SAMPLE - EMPLOYEE ACCIDENT/INCIDENT INVESTIGATION FORM

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| Who and When? | This report must be completed for all for all work related incidents/accidents. Please immediately notify your manager/supervisor. Complete the employee section and distribute as noted below. Accurate information is required so appropriate follow-up can occur to prevent future incidents. PLEASE NOTE, all serious injuries must also be Immediately reported to the Dept. of Government Services (OH&S Branch). | | Category/Status (Internal Use Only) | | |
| | | | Near Miss (No injury) Medical Aid Lost Time | | |
| | | | Recurrence Original Injury Date: | | |
| | Confidentiality: The information contained in this report is considered confidential & will only be used for analyzing trends, injury prevention initiatives and WHSCC claims management. | | Permanent Temp | Part Time Full Time Casual/On call | |
| | Your last name: | | Your first name: | Your employee number: | |
| | The date and time of incident/accident D ____ M ____ Y ____ ____ am/pm | | The date/time Stopped work:(if Applicable) | What was your job classification at time of accident/incident? | |
| | Who did you report the incident/accident Title: | | | | |
| Where? | Which site did the incident/accident occur? (kitchen, office, etc) | | | | |
| | Where did it actually occur?(Be as specific as possible: room, corridor, workstation, facility) | | | | |
| What Happened? | Describe what happened (mention events leading up to, how it occurred and if machinery/equipment/tool were involved) | | | | |
| | This incident/accident resulted in a: (more than one may need to be checked) | | If you have been injured, please check which most accurately Describes the type of injury. | | |
| | Near Miss | Loss of materials | Abrasion(s) | Fracture(s) | Needle Puncture |
| | Damage to equipment/property | Injury requiring medical aid only | Burn(s) | Infectious Contact | Strains(s) & Sprain |
| Damage to environment | Injury leading to lost time | B/BF Exposure | Irritation (respiratory) | Other _____ | |
| If you were injured, was there any immediate treatment required? If so, please describe briefly. | | Part of Body Injured (if applicable): | | | |
| | | Left Right | | | |

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| What were you doing at the time? | <p>Mark with (√) if item is applicable</p> <p>Allergic Reaction Assisting Patient for X-ray Assisting Patient from floor/chair Bathing Pt. (bed/tub) B/BF Exposure Bed Making Catching Falling Object Catching Patient Changing Patient Walking Patient Chemical Exposure Type: _____ Crushed/Pinched b/w Objects Dressing Patient</p> | <p>Ft/Bk slide with transfer board Hot Object/Surface Infectious Disease Exposure Lifting Equipment/Supplies Lifting/Lowering Bedrails Moving/Pushing/Pulling Equipment/Supplies No Specific Task Needle Stick Puncture Patient Aggression/Non Cooperation Repositioning Patient in Bed Repositioning Patient in Chair Respond to an Emerg. Code (specific) _____</p> | <p>Sharpe Object Type: _____ Struck by Object Slipped/Fell on _____ Transferring Patient – Bed – Stretcher Transferring Patient – Other Transporting Patient _____ wheelchair _____ Bed _____ Stretcher Working at computer workstation Other: _____ Recurrence of previous injury</p> |
| | <p>Employee Signature: _____ Home Phone: _____ Date: _____</p> | | |
| HR use only | <p>Date first lost shift: D ____ M ____ Y ____ Anticipated Return to Work Date: D ____ M ____ Y ____ RTW Date D ____ M ____ Y ____</p> <p>Name of Attending Physician: _____ Date Seen: D ____ M ____ Y ____</p> <p>Address of Physician: _____</p> | | |
| Special Instructions | <p>Manager (or designate) is responsible for completing the Incident/Accident Investigation portion of the form. Please complete the section located on the lower portion of the yellow and pink copies. (Reference: Staff Accident/Incident Investigation Policy X-05).</p> <p>Employee is responsible for completing the Incident/Accident Report portion and forwarding the white copy to the appropriate Human Resources. Report must be completed and forwarded to Human Resources within 24 hours of the incident/accident.</p> | | |

