**PART A**

**GENERAL INFORMATION**

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| **Report #**  | **Report Date:** | **Notification: WorkSafeNB VP EHS&S** |
| **Names of Person(s) Involved:** | **Accident / Incident Date:**  | **Time:**  |
| **Location:**  |
| **Supervisor / Dept Head / Manager:**  |
| **Witness(s):**  |

**ACCIDENT / INCIDENT DETAILS**

|  |  |  |
| --- | --- | --- |
| **SAFETY** | **SECURITY** | **ENVIRONMENTAL** |
|  | Equipment / Property Damage / Loss |  | Break & Enter |  | Fuel / Oil Spill  |
|  | Medically Treated Injury / Illness |  | Theft |  | Hazardous Material |
|  | Loss Time Injury / Illness |  | Assault (physical or sexual) |  | Air / Water Pollution |
|  | Minor First Aid |  | Bomb Threat |  | Soil / Waste Contamination |
|  | Other (specify) |  | Harassment / Stalking |  | Other (specify) |
|  |  |  | Suspicious Activity |  |  |
|  | Near Miss |  | Other (specify) |  | Near Miss |
| **Description Of Events: (Add sketches or attachments as required)** |
| **Injury Type(s):** |
|  | Amputation |  | Concussion / Loss of Consciousness |  | Heat Stroke / Cramps |
|  | Asphyxia |  | Crushing Injury |  | Infectious Disease |
|  | Burn – Chemical |  | Cut / Puncture / Laceration |  | Poisoning |
|  | Burn – Electrical |  | Dislocation |  | Sprain / Strain |
|  | Burn – Heat |  | Electrical Shock |  |  |
|  | Burn - Radiation |  | Fracture |  |  |
|  | Cold – Frost Nip / Bite |  | Hearing Loss |  | Other |
| **Body Part(s) Affected: (specify left or right as applicable)** |
|  | Head / Neck |  | Wrist |  | Foot |
|  | Eyes  |  | Hand |  | Toes |
|  | Ears |  | Fingers |  | Chest |
|  | Shoulder |  | Leg |  | Back / Spine |
|  | Elbow |  | Knee |  | Multiple Locations |
|  | Arm |  | Ankle |  | Other: |

# PART B

 **INVESTIGATION DETAILS**

|  |  |  |
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| Loss Severity Potential | **Probability of Occurrence** | **Frequency of Exposure** |
|  | Minor |  | Low |  | Low |
|  | Serious |  | Moderate |  | Moderate |
|  | Major |  | High |  | High |
| **IMMEDIATE CAUSES (Check all that apply)** |
|  | Improper lifting, loading, placement |  | Operating at improper speed |  | Inadequate warning systems |
|  | Improper use of equipment |  | Under the influence of drugs / alcohol |  | Fire or explosive hazards |
|  | Operating equipment w/o authority |  | Horseplay or inattention |  | Poor housekeeping, disorderly  |
|  | Failure to use personal protective equip |  | Inadequate guards, barriers, devices |  | Hazardous environmental conditions |
|  | Failure to follow safe work procedures |  | Inadequate or improper PPE |  | Exposure to noise, radiation, temp |
|  | Failure to lock, block, secure, warn |  | Defective tools, equipment, materials |  | Exposure to chemicals |
|  | Using defective equipment |  | Congestion, restricted action |  | Inadequate ventilation |
| **CORRECTIVE / REMEDIAL ACTIONS** |
|  |
| **BASIC CAUSES (Check all that apply)** |
|  | Lack of skill, practice, coaching |  | Stress, exhaustion, illness |  | Inadequate standards, procedures |
|  | Lack of knowledge, experience, trg. |  | Inadequate supervision, leadership |  | Wear & Tear |
|  | Lack of physical capability, strength |  | Inadequate engineering |  | Abuse or misuse |
|  | Motivation |  | Inadequate purchasing |  | Other (specify) |
|  | Abuse, misuse of equipment, material |  | Inadequate maintenance |  |  |
|  | Poor judgment |  | Inadequate tools, equipment, materials |  |  |
| **CORRECTIVE / REMEDIAL ACTIONS** |
|  |

**MANAGEMENT REVIEW**

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| **Dean, Department Chair, Director, Manager Comments / Actions to be taken top prevent recurrence:****Date: Signature:** |
| **EHS&S Manager Comments / Actions to be taken to prevent recurrence:****Date: Signature:** |

**Ensure notice is given to WHSCC Compliance Officer immediately after any accident that causes or may cause a fatality, loss of limb, occupational disease, hospitalization or results in an accidental explosion or exposure to a biological, chemical or physical agent.**