



**FACULTY / STAFF / STUDENT ACCIDENT / INCIDENT REPORT FORM**

**PART A**

**GENERAL INFORMATION**

<b>Report #</b>	<b>Report Date:</b>	<b>Notification: WorkSafeNB VP</b>	<b>EHS&amp;S</b>
<b>Names of Person(s) Involved:</b>	<b>Accident / Incident Date:</b>		<b>Time:</b>
	<b>Location:</b>		
	<b>Supervisor / Dept Head / Manager:</b>		
	<b>Witness(s):</b>		

**ACCIDENT / INCIDENT DETAILS**

SAFETY		SECURITY		ENVIRONMENTAL	
<input type="checkbox"/>	Equipment / Property Damage / Loss	<input type="checkbox"/>	Break & Enter	<input type="checkbox"/>	Fuel / Oil Spill
<input type="checkbox"/>	Medically Treated Injury / Illness	<input type="checkbox"/>	Theft	<input type="checkbox"/>	Hazardous Material
<input type="checkbox"/>	Loss Time Injury / Illness	<input type="checkbox"/>	Assault (physical or sexual)	<input type="checkbox"/>	Air / Water Pollution
<input type="checkbox"/>	Minor First Aid	<input type="checkbox"/>	Bomb Threat	<input type="checkbox"/>	Soil / Waste Contamination
<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	Harassment / Stalking	<input type="checkbox"/>	Other (specify)
<input type="checkbox"/>		<input type="checkbox"/>	Suspicious Activity	<input type="checkbox"/>	
<input type="checkbox"/>	Near Miss	<input type="checkbox"/>	Other (specify)	<input type="checkbox"/>	Near Miss

**Description Of Events:** (Add sketches or attachments as required)

**Injury Type(s):**

<input type="checkbox"/>	Amputation	<input type="checkbox"/>	Concussion / Loss of Consciousness	<input type="checkbox"/>	Heat Stroke / Cramps
<input type="checkbox"/>	Asphyxia	<input type="checkbox"/>	Crushing Injury	<input type="checkbox"/>	Infectious Disease
<input type="checkbox"/>	Burn – Chemical	<input type="checkbox"/>	Cut / Puncture / Laceration	<input type="checkbox"/>	Poisoning
<input type="checkbox"/>	Burn – Electrical	<input type="checkbox"/>	Dislocation	<input type="checkbox"/>	Sprain / Strain
<input type="checkbox"/>	Burn – Heat	<input type="checkbox"/>	Electrical Shock	<input type="checkbox"/>	
<input type="checkbox"/>	Burn - Radiation	<input type="checkbox"/>	Fracture	<input type="checkbox"/>	
<input type="checkbox"/>	Cold – Frost Nip / Bite	<input type="checkbox"/>	Hearing Loss	<input type="checkbox"/>	Other: Bruising

**Body Part(s) Affected: (specify left or right as applicable)**

<input type="checkbox"/>	Head / Neck	<input type="checkbox"/>	Wrist	<input type="checkbox"/>	Foot
<input type="checkbox"/>	Eyes	<input type="checkbox"/>	Hand	<input type="checkbox"/>	Toes
<input type="checkbox"/>	Ears	<input type="checkbox"/>	Fingers	<input type="checkbox"/>	Chest
<input type="checkbox"/>	Shoulder	<input type="checkbox"/>	Leg	<input type="checkbox"/>	Back / Spine
<input type="checkbox"/>	Elbow	<input type="checkbox"/>	Knee	<input type="checkbox"/>	Multiple Locations
<input type="checkbox"/>	Arm	<input type="checkbox"/>	Ankle	<input type="checkbox"/>	Other:



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**PART B**

**INVESTIGATION DETAILS**

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**

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**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**

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**MANAGEMENT REVIEW**

Dean, Department Chair, Director, Manager Comments / Actions to be taken to prevent recurrence:

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_

EHS&S Manager Comments / Actions to be taken to prevent recurrence:

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Date: \_\_\_\_\_ Signature: \_\_\_\_\_



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**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.**