

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 | | Status <input type="checkbox"/> Full Time Employee <input type="checkbox"/> Part Time Employee <input type="checkbox"/> Graduate Research Assistantship <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor <input type="checkbox"/> Student | | | |
| Home Phone | | Were you an employee at time of incident? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| Employee/Student ID #: | | Department/Unit: | | Supervisor: | |

SECTION 2: DESCRIPTION OF THE INCIDENT

| | | | | |
|-------------------------------|---------------------------------------------------------------|--------------------------------|---------------------------------------------------------------|-----------------------|
| Date of Incident: DD MM YY | Time: <input type="checkbox"/> am <input type="checkbox"/> pm | Date of Reporting: DD MM YY | Time: <input type="checkbox"/> am <input type="checkbox"/> 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: <input type="checkbox"/> Severe <input type="checkbox"/> Serious <input type="checkbox"/> Minimal | PROBABILITY: <input type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> 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: <input type="checkbox"/> am <input type="checkbox"/> pm | Weekly Pay Hours: | Scheduled hours for week of injury SUN MON TUES WED THURS FRI SAT | Date returned to work |
|-------------------------------|------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------|-----------------------|

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:

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

| | | |
|------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Inadequate leadership/supervision | <input type="checkbox"/> Inadequate design | <input type="checkbox"/> Inadequate maintenance |
| <input type="checkbox"/> Lack of training, knowledge | <input type="checkbox"/> Inadequate work standard/procedure | <input type="checkbox"/> Improper/incorrect motivation |
| <input type="checkbox"/> Lack of skill, experience | <input type="checkbox"/> Inadequate risk assessment | <input type="checkbox"/> Other |

PREVENTIVE AND CORRECTIVE ACTIONS

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

| Description of Action(s) taken: | Completed | Planned | |
|-------------------------------------------------------------------|------------------------------|------------------------------|-----------------------------|
| | | Expected Date (DD/MM/YY) | Completion date (DD/MM/YY) |
| 1. | <input type="checkbox"/> YES | | |
| 2. | <input type="checkbox"/> YES | | |
| 3. | <input type="checkbox"/> YES | | |
| 4. | <input type="checkbox"/> YES | | |
| Will the actions identified correct the root cause? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Were corrective actions communicated to all affected individuals? | | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

SIGNATURES

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

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

State the Problem

Root Cause?

Why did this occur?

Why did this occur?

Why did this occur?

Why did this occur?

Why did this occur?

No Yes

No Yes

No Yes

No Yes

No Yes

Corrective Action

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.