

# INCIDENT & INVESTIGATION REPORT

**This form must be completed by the supervisor and the worker. An initial draft must be submitted within 24 hours of the incident to the Safety Office (safety@uwaterloo.ca, COM116). Fully completed signed forms are required within 72 hours.**

Incidents that must be reported:

- Hazardous Situation: Refers to an incident caused by an unsafe act or condition which could have, or did result in injury or property loss. Examples include near misses, fires/explosions, hazardous materials spills 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.

## SECTION 1: INJURED/REPORTING PERSON

Last name:		First name:		Occupation:	
Campus extension:		Was the person an employee at time of incident? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Home/mobile phone: ( ) -		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			
Employee/student ID #:		Department/unit:		Supervisor:	

## SECTION 2: DESCRIPTION OF THE INCIDENT

Date of incident: DD    MMM    YY -    -    -	Time: <input type="checkbox"/> am <input type="checkbox"/> pm	Date reported: DD    MMM    YY -    -    -	Time: <input type="checkbox"/> am <input type="checkbox"/> pm	Incident reported to:
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Type of incident:

Injury:  No treatment     First aid     Medical aid/lost time

No injury:  Hazardous situation (Near Miss, Fire, Spill, Explosion, Property Damage, Workplace Violence)

Incident location (provide building, room #, parking lot, etc.):

What was the employee doing at the time of the incident? (Identify and describe items the employee was working with, including amounts, weights and dimensions). Explain what caused the incident to occur.

What is the injury and what body part(s) are involved or describe the property damage?

Name and phone number of witness(es):

## SECTION 3: RISK CATEGORY

Indicate the level of present risk if not corrected? (Choose **both** a severity and probability)

SEVERITY	PROBABILITY
<input type="checkbox"/> CRITICAL – Danger of death, permanent disability. e.g., critical injury, major or multiple fractures, significant property damage	<input type="checkbox"/> VERY LIKELY – event could happen frequently because exposure to the hazard is likely
<input type="checkbox"/> MAJOR – Medical treatment required by a doctor. e.g., burns, fractures or lacerations, moderate property damage	<input type="checkbox"/> LIKELY – event is probable; foreseeable varying conditions are present and event is known to have occurred occasionally
<input type="checkbox"/> MINOR – Negligible personal harm or property damage, minor cuts, burns or bruises.	<input type="checkbox"/> UNLIKELY – event is very improbable; a result of a rare combination of circumstances; known to have occurred very infrequently

## SECTION 4: MEDICAL AID AND LOST TIME INFORMATION

Date medical aid received (DD-MMM-YY):    -    -       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 the section below.

Date last worked: DD    MMM    YY -    -    -	Time last worked: <input type="checkbox"/> am <input type="checkbox"/> pm	Weekly pay hours:	Scheduled hours for week of injury (e.g., 8): SUN    MON    TUES    WED    THURS    FRI    SAT	Date returned to work: DD    MMM    YY -    -    -
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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.

## SECTION 5: INCIDENT 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

- |  |   |  |
|--|---|--|
| <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     |  |

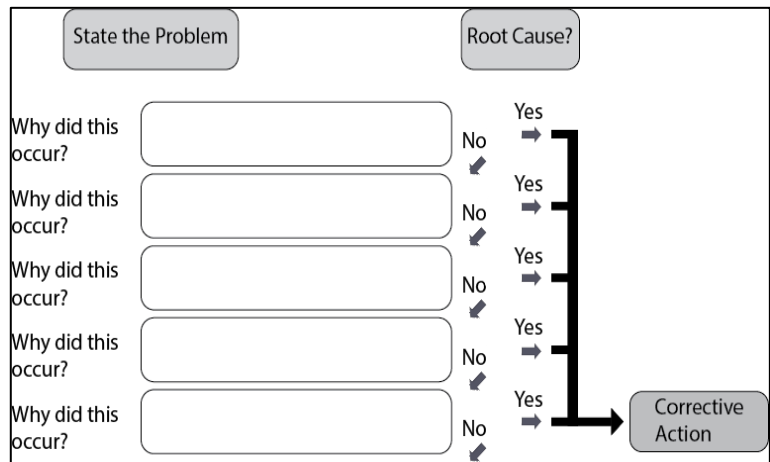
### ROOT CAUSES

What factors caused the incident? Use the 5 Why Root Cause Method of Analysis in determining the causative factors.

- |  |   |  |
|--|---|--|
| <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:                        |

#### 5 Why Root Cause Method of Analysis Instructions

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.



### 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-MMM-YY)	Completion date (DD-MMM-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?  Yes  No
- Were corrective actions communicated to all affected individuals?  Yes  No

### SIGNATURES

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

**Cc: Dept. head, Health & Safety Coordinator, Safety Office**  
Retention: (HS52) 2 years in Department, Secure Destruction