

## INCIDENT or POTENTIALLY SERIOUS INCIDENT REPORT FORM

Administrative Details		
Employee's Name:		
Date/Time of Incident:	Date Reported:	
Senior Person on Site:	Reported to:	
Activity Name:		
Report Completed by:		
Incident Information		
Type of Incident: <input type="checkbox"/> Lost Time Accident <input type="checkbox"/> Medical Aid <input type="checkbox"/> First Aid <input type="checkbox"/> Other <input type="checkbox"/> Near Miss		
Person, Object, Substance, Equipment Involved:		
Environmental Impact:		
Employee's Occupation:	Experience (years):	
Job being done at the time of the incident:		
Was Personal Protective Equipment adequate according to policy standards at that time?		
Who else was involved?		
Person in control of activity:		
Damage		
Property Damage/Loss:		
Nature of Damage/Loss:		
Cost of Damage/Loss:	Time of Service:	Cost of time out of service:
Emergency Support Contact		
Ambulance: <input type="checkbox"/> Yes <input type="checkbox"/> No	Police: <input type="checkbox"/> Yes <input type="checkbox"/> No	Fire Dept.: <input type="checkbox"/> Yes <input type="checkbox"/> No
OHS: <input type="checkbox"/> Yes <input type="checkbox"/> No	Time Called:	OHS Insp. Name:
Details of Discussion (if any):		
WAS PERMISSION GIVEN TO CONTINUE WORK? (YES OR NO, BY WHOM AT WHAT TIME)		
Description Coding		
Describe Exactly (in chronological order) how the incident occurred. (Use other sheets as required)		

Identification				
<b>1. Substandard Actions:</b>	<b>2. Substandard Conditions:</b>			
Operating equipment without authority	Inadequate guards or barriers			
Failure to warn	Inadequate or improper protective equipment			
Operating at improper speed	Defective tools, equipment, or materials			
Making safety devices inoperable	Congestion or restricted action			
Removing safety devices	Inadequate warning system			
Using defective equipment	Fire and explosion hazards			
Using equipment improperly	Poor housekeeping, disorder			
Failing to use PPE properly	Hazardous environmental conditions (gases, dusts, etc.)			
Failing to wear PPE	Noise exposure			
Improper loading	Radiation exposure			
Improper placement	High or low temperature exposures			
Improper fitting	Inadequate or excess illumination			
Improper position for task	Inadequate ventilation			
Servicing equipment in operation	Inadequate safe work procedures			
Horseplay				
Actions consistent with alcohol or drug influence				
Improper lock-out and/or safe procedures				
Improper storage or lock-up				
<b>Identification of Basic Causes (Check all that apply)</b>				
<b>1. Personal Factors:</b>	<b>2. Job Factors:</b>			
<input type="checkbox"/> Inadequate capability	<input type="checkbox"/> Inadequate leadership			
<input type="checkbox"/> Lack of knowledge	<input type="checkbox"/> Inadequate engineering			
<input type="checkbox"/> Lack of skill	<input type="checkbox"/> Inadequate purchasing			
<input type="checkbox"/> Stress	<input type="checkbox"/> Inadequate maintenance			
<input type="checkbox"/> Improper motivation	<input type="checkbox"/> Inadequate tools and equipment			
<input type="checkbox"/> Lack of training	<input type="checkbox"/> Inadequate work standards			
<input type="checkbox"/> Wear and tear	<input type="checkbox"/> Abuse or misuse			
<b>Coding of contact and contact with energy source (Immediate Cause) Check all that apply</b>				
<b>1. Type of Contact:</b>	<b>2. Contact with:</b>			
<input type="checkbox"/> Struck against	<input type="checkbox"/> Electricity			
<input type="checkbox"/> Struck by	<input type="checkbox"/> Heat			
<input type="checkbox"/> Caught on	<input type="checkbox"/> Cold			
<input type="checkbox"/> Caught in	<input type="checkbox"/> Radiation			
<input type="checkbox"/> Caught between	<input type="checkbox"/> Chemicals			
<input type="checkbox"/> Slip	<input type="checkbox"/> Noise			
<input type="checkbox"/> Fall on same level	<input type="checkbox"/> Toxic or noxious substance			
<input type="checkbox"/> Fall to below	<input type="checkbox"/> Object ( <input type="text"/> kg) fell onto <input type="text"/> from <input type="text"/> meters			
<input type="checkbox"/> Overexertion				
<input type="checkbox"/> Struck by Student /Student Incident	<b>COPY</b> Assoc. Superintendent HR <b>AND</b> Director of Student Services			
Correction Action:				
Has EFAP been offered to you? Y/N <input type="checkbox"/>	Are you interested in receiving more information on support services? Y/N <input type="checkbox"/>			
<b>Corrective Action</b>				
Description of Deficiency	Corrective Action	Responsibility	Due Date	Completion Date
<b>Review Summary</b>				
Human Resources				
Name:		Date:		
JWC Member/Supervisor				
Name:		Date:		
Principal/Senior				
Administrator Name:		Date:		
Health & Safety				
Officer Name:		Date:		

Witness Statement Form	
Date: _____	
Statement of: _____	
Address /Location: _____	
Telephone #: _____	
Employer: _____	
Address: _____	
_____	
Occupation: _____	
Experience: _____	
Has EFAP been offered to you? _____	
Are you interested in reserving more information on support services: _____	
Duties at Time of Incident/Accident: _____	
_____	
_____	
_____	
_____	

Witness Signature: \_\_\_\_\_

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

The information collected on this form is part of Christ the Redeemer Catholic School's Health and Safety Management System and is personal information as referred to in the Freedom of Information and Protection Act (FOIP). If you have any questions or concerns regarding the collection and the intended purpose contact the Health and Safety Officer at 403-938-0195.