

EMPLOYEE IDENTIFICATION (Please Print)

RESULT OF ACCIDENT/INCIDENT

Last Name	First	Department	Employee ID		No WSIB Claim	WSIB Claim			
						No Injury	First Aid	Health Care (Consulted Doctor)	Lost Time
Address					City	Postal Code			
Tel. No. ()					S.I.N. Banner ID	Sex	Birth Date D M Y		
Date of Hire: D/ M/ Y/				Occupation at Time of Injury:					
Years of Experience in Occupation:				Normal Work Hours: Start	_____ .m.	Finish	_____ .m.		
Has employee had a previous similar injury or disability?				<input type="radio"/> Yes <input type="radio"/> No		Employee is: <input type="radio"/> left handed <input type="radio"/> right handed			

DESCRIPTION OF ACCIDENT/INCIDENT

Accident Date	Time	Date Reported	Time
D M Y	_____ .m.	D M Y	_____ .m.
Describe injury, part of body involved and specify left or right side.			
			At time of injury, was the worker doing work other than for the purpose of Mohawk College? <input type="radio"/> Yes <input type="radio"/> No
What happened to cause the injury/disease?			
Describe the person's activity at time of injury.			
State exact location of accident. (Room/Campus)			

TYPE OF ACCIDENT/INCIDENT

- Struck Against/Contact With
- Struck By/Contact By
- Fall from Elevation
- Fall from Same Level
- Caught In, On or Between
- Repetitive Body Movement
- Overexertion/Strain
- Contact with Temperature Extremes
- Contact with Electrical Current
- Contact with Chemicals
- Contact with Infectious Disease
- Exposure to Substance/Condition
- Needle Stick Injury
- Fainted
- Slip (No Fall Involved)
- Motor Vehicle Accident
- Personal Medical Condition

Who was the injury reported to? If injury was not reported immediately, give reason for delay.

Identify the equipment and materials used and the size and weight of objects being handled.

PREVENTATIVE ACTION

What actions were taken to prevent the accident from recurring?

WITNESS OF ACCIDENT/INCIDENT

Is there anyone else who may have witnessed or may know about the injury/or onset of the disease?

Name	Address	Phone No. ()
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FOLLOW UP ON MEDICAL TREATMENT PROVIDED

Following the day of injury:

- will the employee be absent from work due to the injury? Yes No Unknown
- will the employee require modified duties? Yes No Unknown

If health care was received, provide date, name, address and phone number of practitioner or facility.

Employee Signature	Date (dd mm yy)	Department Supervisor Signature	Date (dd mm yy)
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DISTRIBUTION: 1. (White) Health & Safety Office 2. (Yellow) HR Staff Services 3. (Pink) Department Supervisor 4. (Canary) Health Services

NOTE: ALL sections of this Accident/Incident Report MUST be completed, and forwarded to the Health & Safety Office, Rm F125, immediately.

The Accident/Incident Form must be completed for all accidents, with a copy sent to the Occupational Health & Safety Office. Health care and lost time accidents must be reported to the WSIB by Occupational Health & Safety within 72 hours from the time the worker reports the accident to his/her supervisor. The WSIB will levy a \$250.00 penalty for failure to meet this reporting requirement. Incomplete forms will be returned to the Department Supervisor for completion. This will delay reporting to the WSIB, subjecting the College to the \$250.00 penalty that will be charged back to the Department.

EMPLOYEE IDENTIFICATION

This section provides relevant personal information required for the WSIB's "Employer's Report of Injury/Disease - Form 7".

RESULT OF ACCIDENT/INCIDENT

First Aid: An injury of minor nature treated by means including: cleaning minor cuts, scrapes and scratches; applying bandages, dressings, compresses or splints. First aid could be performed by a health care practitioner¹ by someone trained in first aid, or by the injured person.

Health Care: An injury that requires the professional skills of a health care practitioner and/or treatment in a hospital facility, but does not result in time lost from work on the day following the accident.

Lost Time: An injury that results in time lost from work following the day of the injury.

DESCRIPTION OF ACCIDENT/INCIDENT

Details provided by this section are critical to determine the factors contributing to the accident or incident.

TYPE OF ACCIDENT/INCIDENT

Classify the accident into one of the following types. This information allows monitoring of accident trends.

Struck Against/Contact With: An accident in which a person:

- Abruptly and forcefully contacts some object in his/her surroundings (e.g. bangs head against shelf; strikes leg against desk) or
- Comes into contact with some substance capable of producing injury on the basis of mere non-forceful contact

Struck By/Contact By: An accident in which a person has been contacted:

- Abruptly and forcefully by some object in motion, (item falls off shelf onto person) or
- Non-forcefully by some substance which produces an injury upon contact

Fall from Elevation: An accident in which a person falls below the level on which he/she was standing or walking (e.g. falls from chairs, ladders, etc)

Fall from Same Level: An accident in which a person falls onto the same level he/she was standing or walking on (e.g. slips, trips or falls on floors)

Caught In, On or Between:

- Caught In: Person is trapped in some type of enclosure, or a part of a person's body is caught in some type of opening (e.g. elevator)
- Caught On: Person or part of person's clothing is caught on some type of protruding object (person catches clothing on door knob)
- Caught Between: Person is pinched, crushed or caught between either a moving object and a stationary object or between two or more moving objects (e.g. finger caught between two revolving spindles; pinned by forklift)

Repetitive Body Movement: An injury that occurs from repetitive body movement of the hands, arms, legs, etc. over a long period

Overexertion/Strain: An injury that occurs due to excessive strain on some part of the body (e.g. Sore back or other body part while lifting equipment or supplies).

Contact With Temperature Extremes: An injury that occurs from contact with either hot or cold materials (e.g. contact with a hot pipe, steam or hot water/coffee. Frostbite from working outside in the winter without proper protection)

Contact With Electrical Current: An injury from contact with electrical current (e.g. electrical shock from defective/damaged equipment; contact with live electrical conductors (wires).

Contact With Chemicals: An injury from exposure to a chemical substance (e.g. Caustic material splashed on skin or in eyes).

Contact With Infectious Disease: Exposure to an infectious biological agent (e.g. Contact with blood or biological fluids through inhalation, open cuts or sores, splashes into eyes or by bites from people/patients known to be infected with infectious diseases such as hepatitis, HIV or tuberculosis).

Exposure to Substance/Condition: Exposure to harmful conditions (e.g. excessive noise; hazardous chemicals; radiation).

Needle Stick Injury: An injury from a hypodermic needle in which the needle penetrates or breaks the skin (e.g. person jabs finger while re-capping needle).

Fainted: An incident in which a person lost consciousness.

Slip (No Fall Involved): Slipping on an item or surface, but does not result in a fall (e.g. person slips on ice but manages to keep their balance)

Motor Vehicle Accident: An accident involving one or more motor vehicles, including a motorcycle.

Personal Medical Condition: An incident resulting from a personal medical condition (epilepsy, diabetic, heart condition, etc.)

PREVENTATIVE ACTION

Provide action(s) or measures taken to prevent a recurrence of the accident.

WITNESS OF ACCIDENT

Provide names and contact numbers for all witnesses (if any).

FOLLOW UP ON MEDICAL TREATMENT PROVIDED

Indicate whether the injured person will lose time from work or require modified duties as a result of the accident.

Provide contact information for any health care provided as a result of the injury.

¹ Health Care practitioner includes: physicians, surgeons; nurse; chiropractor; physiotherapist; occupational therapist, optometrist or dentist