|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PART A: INCIDENT NOTIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Incident**  **Category**  *(check one)* | Injury/Illness (Part B must also be completed)  Spill/Release  Public Complaint  Property/Equipment Damage | | | | | | | | | | | | | | Fire/Explosion  Regulatory/Permit Non-Conformance  Near Miss  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | |
| **When** | Date/Time of Incident: | | | | | | | | | | | | | | Date/Time Reported to Supervisor: | | | | | | | | | | | | |
| **Who** | Person Involved: | | | | | | Supervisor: | | | | | | | | Witness 1: | | | | | | | | | Witness 2: | | | |
| **Was the Incident Reported Late?** | No | | | Yes (provide reason for delay) | | | | | | | | | | | | | | | | | | | | | | | |
| **Location of Incident** | StFX University property (provide details): | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other Location (provide details): | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Weather and**  **Surface Conditions** | Weather: | | | | | | | | | | | | | | Surface: | | | | | | | | | | | | |
| Clear Snow  Cloudy Windy  Rain  Temperature (°C): | | | | | | | | | | | | | | Dry Sloped Icy  Wet Slippery Frozen  Muddy Snow Covered | | | | | | | | | | | | |
| **PPE Worn at Time of Incident** | Safety Glasses | | | | | Hard Hat | | | | | | Safety Boots | | | | | | | Long Trousers | | | | | | Sleeved Shirt | | |
| Gloves | | | | | Other: | | | | | |  | | | | | | | Other: | | | | | | | | |
| **Description of Incident**  *- stick to the facts leading up to, during and following incident*  *- if additional space is required or you want to include a sketch, please attach details on Page 4 of this report or a blank piece of paper.* |  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PART B: INJURY/ILLNESS REPORT** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Medical Attention** | Did the worker go to a health care facility because of their injury/illness? | | | | | | | | | | Yes  No | | | | Was the injury/illness reported to a doctor as work-related? | | | | | | | Yes (WCB reportable)  No | | | | | |
| **Injury Description** | Type of Injury:  *(burn, cut, puncture, bruise, etc)* | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Body Part(s) Injured:  *(left eye, right hand, left foot, etc)* | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Source of Injury:  *(tool, rotating equipment, vehicle)* | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Type of Incident:  *(struck by, fall, contact with, etc.)* | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| **Employee Name:** | | | | | | | | | **Date:** | | | | | | | | **Signature:** | | | | | | | | | | |
| **Supervisor Name:** | | | | | | | | | **Date:** | | | | | | | | **Signature:** | | | | | | | | | | |
| **PART C: INCIDENT CLASSIFICATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Incident Classification**  *- attach Doctor’s note if applicable*  *- for restricted work cases, attach return-to-work program* | First Aid (details): | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Medical Treatment (details): | | | | | | | | | | | | | | | Name of Health Care Facility & Doctor: | | | | | | | | | | | | |
| Restricted Work  (attach transitional duties) | | | | | | | Start Date: | | | | | | | | | | End Date: | | | | | | | | | # of days: | |
| Lost Time | | | | | | | Start Date: | | | | | | | | | | End Date: | | | | | | | | | # of days: | |
| **PART D: INCIDENT INVESTIGATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Incident Costs -** Costs are estimates. Use $50/hour for all personnel time | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Structural/Equipment Damage:**  N/A | | | | | | **Environmental Costs:**  N/A | | | | | | | | | | | | | | **Other Costs:**  N/A | | | | | | | | |
| Equipment Repairs: $ | | | | | | Cleanup Costs: $ | | | | | | | | | | | | | | Investigation Time: $ | | | | | | | | |
| Equipment Replacement: $ | | | | | | Waste Disposal: $ | | | | | | | | | | | | | | Medical Assessments: $ | | | | | | | | |
| Rental Equipment: $ | | | | | | 3rd Party Consultant Fees: $ | | | | | | | | | | | | | | Legal Fees: $ | | | | | | | | |
| **Incident Severity** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Minor | | Moderate | | | | | | | | | | | Serious | | | | | | | | | | Major | | | | | |
| **Corrective Actions -** Root-cause must be identified and corrected to prevent a re-occurrence. Remember to keep asking ‘why’ something happened to determine root-cause. Refer to incident cause table on Page 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Incident Cause:** | | | **Corrective Action:** | | | | | | | | | | | **Person Responsible:** | | | | | | **Target Completion Date:** | | | | | | **Actual Completion Date:** | | |
|  | | |  | | | | | | | | | | |  | | | | | |  | | | | | |  | | |
|  | | |  | | | | | | | | | | |  | | | | | |  | | | | | |  | | |
|  | | |  | | | | | | | | | | |  | | | | | |  | | | | | |  | | |
|  | | |  | | | | | | | | | | |  | | | | | |  | | | | | |  | | |
| **Information Sharing -** Indicate below how the learnings from this incident will be shared with other StFX employees so others can learn from it | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Safety Meeting | | | | | Safety Alert | | | | | | | | | | | | | | | Safety Memo | | | | | | | | |
| Other (details): | | | | | Other (details): | | | | | | | | | | | | | | | N/A | | | | | | | | |
| **Incident Review / Approval** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Manager Name:** | | | | | | | | | | **Date:** | | | | | | | | | | | **Signature:** | | | | | | | |
| **Safety Advisor Name:** | | | | | | | | | | **Date:** | | | | | | | | | | | **Signature:** | | | | | | | |
| **Director FM Name:** | | | | | | | | | | **Date:** | | | | | | | | | | | **Signature:** | | | | | | | |
| **FMJOHSC Member Name:** | | | | | | | | | | **Date:** | | | | | | | | | | | **Signature:** | | | | | | | |

|  |  |
| --- | --- |
| **PART E: INCIDENT CAUSE TABLE** | |
| **Direct Causes** | |
| **Unsafe Behaviors:** | |
| Operating Without Authority  Operating at Improper Speed  Failure to Secure Properly  Failure to Warn of Hazard  Making Safety Devices Inoperative  Using Defective Equipment/Tools  Failure to Wear Proper PPE  Unsafe Loading/Unloading  Unsafe Position or Posture  Improper Lifting | Servicing Operating Equipment  Horseplay  Under Influence of Alcohol and/or Drugs  Failure to Use Equipment Properly  Failure to Communicate/Coordinate  Failure to identify the Hazard  Failure to comply with Hazard Controls  Rushing  Working on Moving Equipment  Other (specify): |
| **Unsafe Conditions:** | |
| Inadequate Guards or Barriers  Inadequate or Improper Protective Equipment  Defective Tools or Equipment  Congested Work Area  Inadequate Warning System  Fire/Explosion hazards  Poor Housekeeping  Inadequate Lighting  Inadequate Ventilation | Hazardous Environmental Conditions  Road Conditions  Extreme Weather  Noise Exposure  Radiation Exposure  Extreme Temperature  Unsafe Mobile Equipment  Other (specify) |
| **Indirect Causes** | |
| **Personal Factors:** | **Job Factors:** |
| Inadequate Physical Capability | Inadequate Leadership or Supervision |
| Inadequate Mental Capability | Inadequate Engineering Controls |
| Physical Stress | Inadequate Purchasing |
| Mental Stress | Inadequate Maintenance (scheduled or preventive) |
| Lack of Knowledge | Inadequate Tools or Equipment |
| Lack of Skill | Inadequate Work Standards |
| Improper Motivation | Wear and Tear |
| Other (specify): | Abuse or Misuse of Equipment |
| Other (specify): |
| **Root Causes:** | |
| Management Commitment & Administration | Emergency Preparedness and Response |
| Leadership Training | Company Safety Rules and Work Permitting |
| Planned Inspections | Worker Knowledge & Skill Training |
| Preventative Maintenance | Personal Protective Equipment (PPE) |
| Hazard Identification | Personal or Group Communications |
| Safe Work Practices and/or Procedures | Hygiene and Sanitation |
| Inadequate Previous Incident Investigation | Hiring & Placement Standards |
| Off the Job Safety Promotion | Purchase Controls |
| Other (specify): |

|  |  |
| --- | --- |
| **More Details / Sketch**  *- stick to the facts leading up to, during and following incident*  *- if additional space is required, please attach details on blank piece of paper.* |  |