

# ACCIDENT/INCIDENT/REPETITIVE STRAIN REPORT

**EMPLOYEE:**

1. Report to be initiated, same day, by the employee
2. Fax report to HOD Benefits Administrator (**Fax #: 705-749-5522**)
3. Employee to forward report to Supervisor for completion
4. Send copy of report to Facilities Manager.

**When an accident involves a referral to a Health Care professional or lost time, it is URGENT that the injury is reported IMMEDIATELY to the Benefits Administrator in order to meet WSIB reporting requirements. See note below on Critical Injury.**

**STUDENT:**

1. Report to be initiated same day by the First Aider or Nurse
2. Forward report to VP Finance (**Fax # 705-741-0431**)

**See note below on Critical Injury**

**Accident Date:** \_\_\_\_\_ **Tme:** \_\_\_\_\_

**Campus Location:**    \_    † Brealey       † Frost       † McRae       † Cobourg       † Haliburton

**Date and Hour Last Worked:** \_\_\_\_\_

**Normal working hours on last day of work:** \_\_\_\_\_

**Date received by HOD Benefits Administrator:** \_\_\_\_\_

**Date returned to work:** \_\_\_\_\_

**Name of Injured:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Current Phone Number:** \_\_\_\_\_

☐ **Employee Department:** \_\_\_\_\_ ☐ **Student Program:** \_\_\_\_\_

**Date and time reported:** \_\_\_\_\_ **Reported to:** \_\_\_\_\_

**Describe the Injury and Body Part Affected:** \_\_\_\_\_

**CRITICAL INJURY:**    **Does this involve a broken bone; loss of consciousness ; loss of sight; serious burns or loss of blood; amputation, or fatality?**

**IMMEDIATELY CONTACT:** Facilities Manager at ext. 1328/3308 or Benefits Administrator at ext. 1330 or VP Finance at ext. 1309 to confirm critical injury report will be received by fax.

Describe how and where the injury occurred (include any Placement agency or Field Trip location), including weather conditions if pertinent:

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Describe the Personal Protective Equipment worn/used, including footwear if applicable:

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Name and Address of Witness \_\_\_\_\_

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To the best of my knowledge, the above information is correct. I understand that the above information will be distributed in accordance with the accident reporting procedure. The distribution list may include: The College Nurse, Facilities Manager, College Insurance Agent, Safety Committee, the Human and Organizational Development Dept., the Supervisor.

**Signature of Injured:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Immediate Action Taken by Supervisor, First Aid provider or Nurse:**

Describe the action you took to prevent further injury or property damage where applicable:

**Example:** Hazard was reported to (name of college manager) by phone, by email or by copy of this report. Include date/time the hazard was reported where applicable.

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**NOTE: Send Copy to Facilities Manager on same day for hazard correction, and reporting.**

**Severity of Accident:**

☐ First Aid      ☐ Medical treatment (hospital/doctor/nurse)      Other: \_\_\_\_\_

Give details of first aid and/or medical treatment, indicating who provided what care:

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**Please indicate whether the individual was referred to:**

☐ Campus Nurse      ☐ Hospital      ☐ Family/College Doctor      Other: \_\_\_\_\_

Signature of First Aider: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of nurse (for student injury): \_\_\_\_\_ Date: \_\_\_\_\_

If injured is a Student, form sent to VP Finance via Fax @ 705-741-0431 Date: \_\_\_\_\_

**OR**

If injured is an Employee, form sent to HOD Benefits Administrator  
via Fax @: 705-749-5522 Date: \_\_\_\_\_