

ACCIDENT /INCIDENT /REPETITIVE STRAIN REPORT

IF THIS IS A CRITICAL INJURY?

Does this involve a broken bone; loss of consciousness; loss of sight; burns or loss of blood; amputation, or fatality?

In the case of Critical Injury Immediate contact:

- Kim English – Manager H&S X 1224
- and/or
- Office Administrator, Finance & Administration at ext. 1309 for Student Injury
 - Benefits Administrator, Human Resources at ext. 1332 for Employee Injury

EMPLOYEE Incident:

1. Report to be initiated, same day, by the Employee or Supervisor
2. Fax/email report to HR –Blaire LaJoie
Blaire.LaJoie@flamingcollege.ca Fax #: 705-749-5522

**If incident involves a referral to a Health Care professional or lost time, it is URGENT to REPORT IMMEDIATELY to HR in order to meet WSIB reporting requirements*

Employee to forward report to Supervisor for completion Date: _____

Date and Hour Last Worked: _____ September 5, 2018 10:30am

Normal working hours on last day of work: _____ 8:00am - 4:30pm

Date received by Human Resources: _____ September 5, 2018

Date returned to work: _____ September 6, 2018

STUDENT Incident:

1. Report to be initiated same day by the FirstAider/Faculty/Support Staff/Other
2. Fax/email report to VP Finance area; Tina Benincasa; <mailto:tina.benincasa@flamingcollege.ca>
3. Fax #705-749-5537.....Date: _____

Please print:

Accident Date: September 6, 2018 **Time:** 10:30am **Form Completed by:** Jane Smith

Immediate Action Taken by Supervisor or First Aid provider

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.

Accident was reported to Security Manager - Sally Armstrong & Health and Safety Manager - Greg Clark at 10:32am. The mat was removed and taken to storage.

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: (please note that if medical treatment is sought after completion of this form, an updated form must be provided)

Employee was assessed by Jacob Ball - First Aid Responder (Sutherland Campus)

Please indicate whether individual was referred to:

- ☒ Health Services ☐ Hospital ☐ Family/College Doctor ☐ Other _____

Signature of First Aider: Jacob Ball

Date: September 5, 2018

Print Name: Jacob Ball

Signature of Supervisor: Jane Smith

Date: September 5, 2018

Print Name: Jane Smith

Please send completed form to HR (for employees) or VP Finance area (for student) incidences

Form located: <https://department.flemingcollege.ca/safety/report-an-incident/>