

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@flemingcollege.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 First Aider/Faculty/Support Staff/Other
- 2. Fax/email report to VP Finance area; Tina Benincasa; mailto:tina.benincasa@flemingcollege.ca
- 3. Fax #705-749-5537......Date: ______Date: _____Date: _____Date: _____Date: _____Date: _____Date: ______Date: _______Date: ______Date: ______Date: ______Date: ______Date: _______Date: _______Date: ______Date: ______Date:

Please print:

Accident Date: Ocplember 0, 2010 Ilme: 10.000m Form Completed by:	Accident Date: September 6, 2018	Time : ^{10:30am}	Form Completed by:	Jane Smith
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Campus Location: 🛛 Sutherland 🗆 Cobourg	Frost Halib	urton
Name of Injured: (print) John Taylor		Date of Birth: July 1, 1982
Student: Y or N Employee: Y or N		
Student / Employee ID 99999999	_Current Phone #:	(905) 123-4567
Address: 123 Greenway Dr., Peterborough ON K9	J 1R4	
Employee Department: Physical Resources Dept.	or Student Program:	
Date and time reported: September 5, 2018 11:00am	Reported to: Sall	y Armstrong - Security Supervisor
Describe the Injury and Body Part Affected: Employee	e fell down stairs and	injured lower back/tailbone.

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

Employee had started walking down the B2 - Stairwell at 10:30am. At the top of the stairwell there was

a folded mat. The employee tripped on the mat and fell down the flight of stairs from the top stair and landing at the bottom.

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

Employee was wearing running shoes but no other personal protective equipment.

Name and Address of any Witness_Justin Time 567 Reid St. Peterborough ON K9J 4R5

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: Health Services, Health & Safety Manager, College Insurance Agent, Safety Committee, Human Resources, and the Supervisor.

Signature of Injured: John Taylor

Date: September 5, 2018

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: Print Name: Jac	Jacol Ball cob Ball		 	Date: <u>Septemb</u> er 5, 2018

Signature of Superv	visor: <u>Jane Smith</u>	Date: <u>September 5, 2018</u>
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/