

## 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 – Benefits Administrator [benefits@flemingcollege.ca](mailto:benefits@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: \_\_\_\_\_

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

Date received by Human Resources: \_\_\_\_\_

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

### 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@flemingcollege.ca>
3. Fax #705-749-5537.....Date: \_\_\_\_\_

Please print:

Accident Date: \_\_\_\_\_ Time: \_\_\_\_\_ Form Completed by: \_\_\_\_\_

Campus Location:    ☐ Sutherland      Frost      Haliburton

**Name of Injured: (print)**\_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

Student: Y or N    Employee: Y or N

Student / Employee ID \_\_\_\_\_ Current Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

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

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

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

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

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

**Name and Address of any Witness**\_\_\_\_\_

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:**\_\_\_\_\_

**Date:** \_\_\_\_\_

## 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.

### 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)

Please indicate whether individual was referred to:

Health Services      Hospital      Family/College Doctor      Other \_\_\_\_\_

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

Print Name: \_\_\_\_\_

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

Print Name: \_\_\_\_\_

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/>