

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:

- Marriah Wickert – Health and Safety Supervisor at ext. 1252
- and/or
- Office Administrator, Finance & Administration at ext. 1258 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 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. Email report to VP Finance area: vpcorporatefinance@flemingcollege.ca

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/>