

ACCIDENT REPORTING AND INVESTIGATION FORM

PRIVATE AND CONFIDENTIAL

The information contained on this form is collected, used and/or disclosed pursuant to the Freedom of Information and Protection Act, 1990; the Personal Health Information Protection Act, 2004; and/or the Occupational Health and Safety Act, 1990.

Accident / Incident Type	
IDENTIFICATION	<input type="checkbox"/> First Aid <input type="checkbox"/> Health Care <input type="checkbox"/> Lost Time <input type="checkbox"/> Critical Injury <input type="checkbox"/> Occupational Illness
	<input type="checkbox"/> Property Damage <input type="checkbox"/> Near Miss Incident - No Injury or Property Damage
	If Injury or Occupational Illness
	Name of Injured Person: _____
	Position Title / Student Program: _____
	School or Department: _____
DESCRIPTION	Employee / Student Number: _____
	Has the individual reported to the Health Centre: <input type="checkbox"/> Yes <input type="checkbox"/> No
	All Accidents / Incidents
	Date and Time Incident Occurred AM Date and Time Incident Reported AM Date (yyyy/mm/dd): Time: PM Date (yyyy/mm/dd): Time: PM
	Where did the incident occur? Witness Information: (<i>list names and phone numbers</i>)
INVESTIGATION	Extent and nature of property damage if any:
	Describe how the incident occurred. People, equipment, environment, materials or process involved.
ACTION	List all immediate causes based on your investigation.
	List the basic cause(s) of the accident / incident.
REPORTED BY	Remedial action. What has been done to prevent future recurrence?
	Form Completed By Date: Name: Position Title: Other Participants in Investigation Name: Position Title: Name: Position Title: Name: Position Title:
Send copies to: 1) Manager/Program Coordinator 2) Health and Safety, Rm LRC6012, fax 416-675-4708, email healthandsafety@humber.ca	