GUIDE TO COMPLETING THE INCIDENT INVESTIGATION REPORT FORM

Definitions

Incident: An event that results in, or could result in, injury, ill health, or damage/destruction of equipment, property or the environment.

Infectious/Communicable Disease: Those infections or diseases that are reportable under public health regulations where there is evidence or suspected transmission on College premises (e.g., chickpox, turburculosis).

Complete this form for incidents that may result in one or more of the following:

 Near-Miss: An incident that does not result in injury or ill health. • First Aid: Treatment such as ice packs, bandages or eyewash flushing. Medical Aid: Treatment or examination by a physician, dentist, chiropractor, physiotherapist, emergency room attendant or other health care practitioner. • Lost Time: Unable to attend the next regularly scheduled shift of work. · Critical Injury: An injury that results in a fracture or amputation of an arm, hand, leg or foot, significant loss of blood, loss of sight, burns to a major part of the body, unconsciousness (not due to personal health), fatality, or places life in jeopardy. The discharge of a regulatory listed contaminant to the natural environment (air, ground, Environmental: water/wastewater). •Property Damage: Damage/destruction of Fanshawe College equipment and/or property.

Clicking submit on this form will send a copy to Environment, Health, Safety, and Emergency Services (EHSE Services) at incident@fanshawec.ca.

If not submitted electronically, a copy must be manually sent to incident@fanshawec.ca.

Notify your College Administrator or Contact of incidents within 24 hours.

Note: Critical injuries or infectious/communicable diseases must be reported IMMEDIATELY.

Note: Report slips/trips and environmental incidents to Security Control Centre at 519-452-4400 immediately, so they can respond to the spill/cause.

Instructions for Person Involved in the Incident:

- Check the appropriate box under the Incident Classification section.
- Continue with relevant sections, as outlined below:
 - Employees complete Sections A, B, C, F, G, I
 - Students complete Sections A, B, D, F, G, I
- Visitors and Contractors complete Sections A, B, E, F, G, I
- If an incident later escalates into a medical aid or lost time, you must notify your College Administrator or Contact of this change.
- Team Leaders/Program Coordinators can assist with completing the incident report but they are not College Administrators for the purposes of reporting incidents.

Instructions for College Administrators and Contacts:

- Review the completed form, as submitted by the person involved in the incident.
- For Critical Injuries or Infectious/Communicable Diseases, immediately report these to the Security Control Centre at 519-452-4400, so EHSE Services can ensure regulatory reporting and investigations occur.
- For Student Incidents: If the student is on an unpaid placement, attach the completed "Postsecondary Student Unpaid Work Placement Workplace Insurance Claim Form".
- College incident reports are not required for students on paid placements or co-ops.
- Complete Sections H and I.
- Attach any additional information relevant to this incident (photos, witness statements, safety data sheets, etc).

For guidance on completing incident investigations go to: https://fanshawecca.sharepoint.com/sites/Envhealthsafety/SitePages/Standard-13-Incident-Management-Nonconformity-and-Corrective-Action.aspx

Instructions for Printing:

With the document open on your screen:

- Select the Printer Icon.
- Select the Advanced button, bottom left corner.
- Select Print as Image. Click OK.
- Click Print.

For further information, contact: Environment, Health, Safety, and Emergency Services - Room C2006 1001 Fanshawe College Blvd, P.O. Box 7005 London, ON N5Y 5R6 E-mail: incident@fanshawec.ca

Approved by: Director, EHSE Services Effective Date: Mar 2009

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INCIDENT INVESTIGATION REPORT

Environment, Health, Safety, and Emergency Services - Room C2006 1001 Fanshawe College Blvd, P.O. Box 7005 London, Ontario N5Y 5R6 Incident@fanshawec.ca

FOR	Eŀ	ISE	S	10	۱Ľ	Υ	

🗆 Yes 🗆 No

Person involved	Employee	□ Student	Contractor	□ Visitor	
Sections to complete:	A, B, C, F, G, I	A, B, D, F, G, I	A, B, E, F, G, I	A, B, E, F, G, I	
College Administrator or Contact: Ensure all sections are completed, including H and I.					

Environmental

Property Damage

Recurrence of previous injury

Is there a previous WSIB claim?

A. INCIDENT CLASSIFICATION

First Aid (immediate, on-site care; e.g. ice pack, bandage)

Medical Aid (examination by health care provider)

Lost Time (absent from work beyond day of injury)

Near Miss/Hazardous Situation (no injury but potential for injury)

B. PERSONAL INFORMATION OF PERSON INVOLVED

Full Name				Date of Birth (dd/mm/yy)			
Address		Telephone	□ Female □ Intersex				
City	Province	Postal Code	 Prefer to self-describe: Prefer not to answer 				
Fanshawe recognizes the distinction between sex and gender identity and acknowledges the wide variety of gender identities and expressions outside the sex and gender binary. For the purpose of this form, Fanshawe collects sex identification data only because the Workelage Setety logurance Reard (WCIR) requires us to report any identification on their forms. For identification are the information of the set of the s							

and other physical characteristics." (The519.org)
"the classification of people as either male, female, or intersex based on a person's reproductive systems, hormones, chromosomes,
and workplace bardly institution bard (worb) requires as to report sex identification on their forms. For identification purposes, sex is

C. EMPLOTEES TO COMPLETE THIS SECTION								
Employee Number		College Administrator	Department					
Job Title		Length of Time in Position	Position					
			Full-Time Part-Time Contract					
I consent to provide my personal information that is being collected under the legal authority of the Workplace Safety and								
	Insurance Board and the Occupation	nce Board and the Occupational Health and Safety Act.						

D. STUDENTS TO COMPLETE THIS SECTION				
Student Number	Campus Location			
Program Name	Program Co-ordinator			
Was the incident program-related?			□ Yes	🗆 No
Did the incident occur on placement?			🗆 Yes	🗆 No
If yes, name of placement employer:		Telephone:		
If yes, is this a paid placement?			□ Yes	🗆 No

E. CONTRACTORS and VISITORS TO COMPLETE THIS SECTION □ Contractor **College Contact** Company Name and Address -----Reason for being at the College Visitor

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F. INCIDENT INFOR	MATION											
Date of Incident (dd/mm/yy)					Т	Time				□ AM	□ PM	
Date Reported (dd/mm/	уу)				г	Time				□ AM	□ PM	
Reported to			Position					Tel	ephone			
Individual(s) witnessing	or having knowle	dge of the ind	cident									
Location (campus/buildi	ng/room/other)											
Describe the Incident (w	vhat you were doi	ng and what	happened)									
		1				0	0	T .				
Was the Injury/IIIIness		den Specific			radually	Occurrir	ng Over	rime				
Type of Incident:												
Assault		from Heights	6	🗆 In	fectious/	Commu	nicable	Disease		Same	level Slip	o/Trip
🗆 Burn	🗆 Fire	/Explosion		□ M	otor Veh	icle				Struck	/Caught	by
Cut/Scrape	🗆 Che	mical/Substa	ances	🗆 N	eedlestic	k/Punct	ure			Spill		
 Environmental Pollut (air/noise/water) 	ants 🛛 Hea	aring Loss/Im	pairment	□ 0	verexerti	ion/Repe	etitive S	Strain				
Other (please specify)	y)											
Body part (s) Affected	- Please check a	Il that apply										
		Left	Rig	ht Lef	t	Right	Left		Right	Left		Right
🗆 Head 🛛 Teeth	Upper Back				Wrist			Hip			Ankle	
Face Neck	Lower Back				Hand			Thigh			Foot	
\Box Eye(s) \Box Chest	☐ Abdomen ☐ Pelvis				Finger	rs 🗆		Knee			Toe(s)	
□ Ear(s) □ Pelvis □ Forearm □ Lower Leg □ □ Other – please clarify. □												
Have you had a prior, similar injury or illness? Please clarify.												
			acc clainty.									
G FIRST AID MEDI	CAL AID and L											

For N	For Medical Aid and Lost Time, provide the following:							
	Name of attending doctor/facility							
	Address							
	Telephone	Date seen (dd/mm/y	y)					
	Date when the College learned of visit to doctor or other health care provider (dd/mm/yy)							
After the date of incident, have you lost any time or earnings from your job/placement/classes?						🗆 No		
	If yes, start date of lost time (dd/mm/yy)	Date of return (dd/mr	m/yy)	Returned to:	Regular work			
					□ Modified work			
	Has an Absence Report been forwarded to HR identifying WSIB Lost Time?					□ No		

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Describe First Aid treatment received, if applicable:

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H. COLLEGE ADMINISTRATOR OR CONTACT INCIDENT FOLLOW-UP and ACTION PLAN

What conditions or tool, equipment or job site contributed to the incident? (e.g., inadequate guard/safety device, poor housekeeping practices, poor illumination, poor work activity or work workstation set up)

What may have influenced the above contributing conditions? (e.g., lack of work instruction or training, inadequate safety inspection, defective from normal use, inadequate preventative maintenance,)

What actions of a person may have caused or contributed to the incident? (e.g., used equipment unsafely, improper posture or position, not wearing correct PPE, operating without necessary training)

What may have influenced or caused the above actions? (e.g., unaware of hazard, new to task, tried to gain or save time)

Was property damaged (vehicle/equipment/materials)? Please clarify.

College Adminstrators or Contact Action Plan (Describe action to be taken and any recommendations.)					
At least one action is required. (See guidance document for sugge	estions on corrective actions)				
1.	Responsible Person				
	Target Date (dd/mm/yy)				
2.	Responsible Person				
	Target Date (dd/mm/yy)				
3.	Responsible Person				
	Target Date (dd/mm/yy)				

I. SIGNATURES – Email completed document, within 24 hours of incident, to: 1) EHSE Services (<u>Incident@fanshawec.ca</u>) 2) College Administrator or Contact 3) Person Involved						
(Note: Signature is NOT required if form is completed electronically and a copy is e-mailed to per	son involved and College Administrator or Contact)					
Person Involved (print clearly)						
Signature	Date (dd/mm/yy)					
College Administrator or Contact (print clearly)						
Signature	Date (dd/mm/yy)					
FOR OFFICE USE ONLY						
Reviewed by EHSE (print clearly)						
Signature	Date (dd/mm/yy)					
Personal information is being collected in accordance with the Freedom of Information and Protection of Privacy Act under the legal authority of the Occupational Health and Safety Act and its regulations. The information collected may be used by and/or disclosed to the Ministry of Labour, Immigration, Training and Skills Development and/or the Workplace Safety and Insurance Board. If you have any questions concerning the collection and use of personal information, please contact privacy@fanshawec.ca.						

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