

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., chicken pox, tuberculosis).

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.
- **Environmental:** The discharge of a regulatory listed contaminant to the natural environment (air, ground, 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://fanshawec.ca.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



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 EHSES ONLY

Person involved:	<input type="checkbox"/> Employee	<input type="checkbox"/> Student	<input type="checkbox"/> Contractor	<input type="checkbox"/> 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.				

A. INCIDENT CLASSIFICATION	
<input type="checkbox"/> First Aid (immediate, on-site care: e.g. ice pack, bandage)	<input type="checkbox"/> Environmental
<input type="checkbox"/> Medical Aid (examination by health care provider)	<input type="checkbox"/> Property Damage
<input type="checkbox"/> Lost Time (absent from work beyond day of injury)	<input type="checkbox"/> Recurrence of previous injury
<input type="checkbox"/> Near Miss/Hazardous Situation (no injury but potential for injury)	<i>Is there a previous WSIB claim?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No

B. PERSONAL INFORMATION OF PERSON INVOLVED			
Full Name			Date of Birth (dd/mm/yy)
Address		Telephone	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex
City	Province	Postal Code	<input type="checkbox"/> Prefer to self-describe: _____ <input type="checkbox"/> 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 Workplace Safety Insurance Board (WSIB) requires us to report sex identification on their forms. For identification purposes, sex is "the classification of people as either male, female, or intersex based on a person's reproductive systems, hormones, chromosomes, and other physical characteristics." (The519.org)			

C. EMPLOYEES TO COMPLETE THIS SECTION		
Employee Number	College Administrator	Department
Job Title	Length of Time in Position	Position <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Contract
<input type="checkbox"/> I consent to provide my personal information that is being collected under the legal authority of the Workplace Safety and Insurance Board and the Occupational Health and Safety Act.		

D. STUDENTS TO COMPLETE THIS SECTION	
Student Number	Campus Location
Program Name	Program Coordinator
Was the incident program-related?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did the incident occur on placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, name of placement employer:	Telephone:
If yes, is this a paid placement?	<input type="checkbox"/> Yes <input type="checkbox"/> No

E. CONTRACTORS and VISITORS TO COMPLETE THIS SECTION	
<input type="checkbox"/> Contractor	College Contact
Company Name and Address	
<input type="checkbox"/> Visitor	Reason for being at the College

F. INCIDENT INFORMATION										
Date of Incident (dd/mm/yy)		Time <input type="checkbox"/> AM <input type="checkbox"/> PM								
Date Reported (dd/mm/yy)		Time <input type="checkbox"/> AM <input type="checkbox"/> PM								
Reported to	Position	Telephone								
Individual(s) witnessing or having knowledge of the incident										
Location (campus/building/room/other)										
Describe the Incident (what you were doing and what happened)										
Was the Injury/Illness: <input type="checkbox"/> Sudden Specific <input type="checkbox"/> Gradually Occurring Over Time										
Type of Incident: <input type="checkbox"/> Assault <input type="checkbox"/> Environmental Pollutants (air/noise/water) <input type="checkbox"/> Infectious/Communicable Disease <input type="checkbox"/> Psychosocial <input type="checkbox"/> Burn <input type="checkbox"/> Fall from Heights <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Same level Slip/Trip <input type="checkbox"/> Cut/Scrape <input type="checkbox"/> Fire/Explosion <input type="checkbox"/> Needlestick/Puncture <input type="checkbox"/> Struck/Caught by <input type="checkbox"/> Chemical/ Substances <input type="checkbox"/> Hearing Loss/Impairment <input type="checkbox"/> Overexertion/Repetitive Strain <input type="checkbox"/> Spill <input type="checkbox"/> Other (please specify)										
Body part (s) Affected – Please check all that apply										
		Left	Right	Left	Right	Left	Right	Left	Right	
<input type="checkbox"/> Head	<input type="checkbox"/> Teeth	<input type="checkbox"/> Upper Back	<input type="checkbox"/> Shoulder	<input type="checkbox"/>	<input type="checkbox"/> Wrist	<input type="checkbox"/>	<input type="checkbox"/> Hip	<input type="checkbox"/>	<input type="checkbox"/> Ankle	<input type="checkbox"/>
<input type="checkbox"/> Face	<input type="checkbox"/> Neck	<input type="checkbox"/> Lower Back	<input type="checkbox"/> Upper Arm	<input type="checkbox"/>	<input type="checkbox"/> Hand	<input type="checkbox"/>	<input type="checkbox"/> Thigh	<input type="checkbox"/>	<input type="checkbox"/> Foot	<input type="checkbox"/>
<input type="checkbox"/> Eye(s)	<input type="checkbox"/> Chest	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Elbow	<input type="checkbox"/>	<input type="checkbox"/> Fingers	<input type="checkbox"/>	<input type="checkbox"/> Knee	<input type="checkbox"/>	<input type="checkbox"/> Toe(s)	<input type="checkbox"/>
<input type="checkbox"/> Ear(s)	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Forearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lower Leg	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Other – please clarify.										
Have you had a prior, similar injury or illness? Please clarify.										

G. FIRST AID, MEDICAL AID and LOST TIME / NO LOST TIME			
Describe First Aid treatment received, if applicable:			
For Medical Aid and Lost Time, provide the following:			
Name of attending doctor/facility			
Address			
Telephone		Date seen (dd/mm/yy)	
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?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, start date of lost time (dd/mm/yy)	Date of return (dd/mm/yy)	Returned to: <input type="checkbox"/> Regular work	
		<input type="checkbox"/> Modified work	
Has an Absence Report been forwarded to HR identifying WSIB Lost Time?			<input type="checkbox"/> Yes <input type="checkbox"/> No

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 Administrators or Contact Action Plan (Describe action to be taken and any recommendations) At least one action is required. (See guidance document for suggestions 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 – E-mail completed document, within 24 hours of the incident, to: 1) EHSE Services (Incident@fanshawec.ca) 2) College Administrator or Contact 3) Person Involved	
<i>(Note: Signature is NOT required if form is completed electronically and a copy is e-mailed to person involved and College Administrator or Contact)</i>	
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.