

Resource 27: Supervisor's Incident Report Form

Instructions:

This information is collected under the authority of the *Workplace Safety and Health Act C.C.S.M c. W210*. . **This form is confidential once filled in.**

Sections 1 to 9 are to be filled out by the supervisor (or a person acting on behalf of the supervisor) as soon as possible after the incident. Supervisor and Worker to sign at the bottom of Section 9.

Once the supervisor has completed the appropriate section, please send to the Workplace Safety and Health Committee for review and action.

Once the Workplace Safety and Health Committee has completed Section 10, please send the form to the Safety and Health Unit for review. The Safety and Health Unit completes Sections 11 and 12.

If this is a serious incident, submit a copy to the Workplace Safety and Health Division of the Department of Labour and Immigration.

1. Incident Number (to be assigned by Safety and Health Unit):

2. Details of Occurrence:

Is this a Serious (reportable) Incident* as defined by the Department of Labour and Immigration?

No Yes

*A Serious Incident (as defined by the Department of Labour and Immigration) includes the following: death or serious injury; collapse or structural failure of a building, tower, crane, hoist, temporary construction support system or excavation; uncontrolled spill or escape of a toxic, corrosive or explosive substance; and explosion, fire or flooding.

If yes, report the incident immediately or as soon as possible to the Department of Labour and Immigration (204-945-3446; toll-free in Manitoba 1-800-282-8069; after hours 204-945-0581)

Department of Labour and Immigration Contacted: Date and Time: _____

Date and time of incident: _____

Name of division/unit: _____

Location of incident:

On-Site Address: _____

Off-site Address or approximate location: _____

Was first aid administered? Yes No

If yes, by whom? _____

Was worker advised of right to consult a doctor?	Yes	No	NA	Don't Know
Did the worker see a physician or go to the hospital?	Yes	No		Don't Know
Was a WCB Notice of Injury (green) Form completed?	Yes	No		Don't Know
Was a WCB Worker Incident Report Form completed?	Yes	No		Don't Know
Was a WCB Employer's Incident Report Form completed?	Yes	No		Don't Know

3. Details of worker, supervisor and witness(es):

Worker's name: _____ Employee # _____

Worker's job title: _____

Length of time in current position: _____

Immediate supervisor's name and contact information: _____

Witness(es) name and contact information: _____

4. Incident type (check all applicable boxes):

- | | |
|---------------------------------------|--|
| Verbal/physical assault by client | Fire – burn/smoke inhalation |
| Verbal/physical assault by non-client | Explosion – burn/injury |
| Struck/hit by object | Extreme Temperatures (refer to the ACGIH) |
| Cut/scraped | Noise exposure |
| Fall/trip from same level | Electrical current |
| Fall from elevation/stairs | Caught in/under/between machinery |
| Chemical or biological spill | No injury - equipment/property damage only |
| Biological – e.g. animal, mould | Near Miss |
| Vehicle accident | |
| Other (describe) _____ | |

5. **Nature of Injury** (do not complete when property damage only): Please describe the type of injury the worker sustained:

6. **Description of incident:** Please describe the activity being performed at the time of the incident and how the incident occurred (if more space needed, attach additional sheets to this document):

7. **For verbal/physical assault by client or non-client, please provide the following information:**

Type of Assault:

Verbal Physical

Name and address of suspect if known: _____

Suspect is a:

Client Employee Other

Was suspect involved in previous violent incidents? Yes No Not Known

Was Police called? Yes No

8. **Immediate Corrective action taken:** (if applicable):

9. Supervisor's recommendation for further action:

Supervisor, please indicate whether this incident requires investigation by the Workplace Safety and Health Committee and/or the Safety and Health Unit. All serious incidents*, and incidents that have or could result in injury should be investigated for the cause of the incident. If the cause is easily identified and corrected immediately, a formal incident investigation may not be necessary.

- No further action required – cause identified and corrected
- Department of Labour and Immigration required Investigation. Complete an Incident Investigation Summary Report Form
- Supervisor determined investigation required to determine root cause of incident and to prevent further occurrences. Complete an Incident Investigation Summary Report Form
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Investigation team to consist of:

- Supervisor
- Workplace Safety and Health Committee co-chairs
- Safety and Health Unit Representative (Safety and Health Manager 948-3396)
- Other _____

Worker Signature: _____ **Date:** _____

Supervisor: _____ **Date:** _____

10. Workplace Safety and Health Committee:

- Department of Labour and Immigration required Investigation. Complete an Incident Investigation Summary Report Form
- After review, determined that no further action required – cause identified and corrected.
- After review determined that corrective action required (please give details of corrective action required):

- After review determined that investigation required (if investigation required, conduct investigation with supervisor (and Safety and Health Coordinator if necessary) and complete the Incident Investigation Summary Report Form

Worker co-chair: _____ **Date:** _____

Manager co-chair: _____ **Date:** _____

11. Safety and Health Unit, Human Resources, Family Services and Housing:

- After review of incident and corrective action(s) taken, determined that no further action required
- After review of incident and corrective action(s) taken, determined that additional corrective action required (please give details of additional corrective action required):

Safety and Health Coordinator (sign and date)

12. Safety and Health Unit follow-up:

- All necessary immediate and long-term corrective action taken.

Safety and Health Coordinator/Manager: _____

Date: _____