

Appendix II-B-4

**Aboriginal and Northern Affairs
Community / Incident Report Forms**

SECTION A- GENERAL INFORMATION			
INCIDENT DATE:		TIME: AM PM	
INCIDENT LOCATION:		DEPARTMENT :	
SELECT INCIDENT			
Lost time	medical aid	first aid	no care required near miss
Preliminary Investigation Date :		Final Investigation Date :	
Investigation Leader :			
Attendees :			
EMPLOYEE INFORMATION			
Name:	Job Position:	Crew:	Payroll:
Years of service:		With Company:	
Supervisor:			

DESCRIPTION OF INCIDENT:
Use back of Sheet if further information is required

Medical Treatment	
Was medical treatment provide on site	Yes No
Was employee taken to hospital for medical If "yes" ensure copy of Workers Physical	Treatment Yes No Capabilities Worksheet is sent with worker to hospital
If employee was taken to hospital, upon completion	Of treatment, the employee (select one):
Return to work no restrictions restrictions	
Sent home with instructions not to return to work	

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SECTION B – INCIDENT INJURY ANALYSIS					
<u>NATURE OF INJURY</u>					
Abrasion		Cut or Laceration		Hernia	
Amputation		Dermatitis		Puncture	
Bruise or Contusion		Electrical Shock		Radiation	
Burn		Foreign Object		Sprain / Strain	
Crushing Injury		Fracture		Other (describe) Inflammation	
<u>PART OF BODY AFFECTED</u>					
Abdomen		Back upper lower		Chest left side right side	
Arm	Elbow	Wrist	Leg	Knee	Foot
Hand	left	right	Ankle	left	right
				Eye	left right
				Head left side right side	
Neck	Mouth	Face	Finger, which ones:		Toe, which ones
<u>SOURCE OF INJURY</u>					
Bodily Motion		Material handled		Work surface	
Building		Motor Vehicle		Walking surface	
Chemical (MSDS)		Stairs or ladder		Machine	
Electrical		Tools		Others (describe):	
<u>NATURE OF INCIDENT</u>					
Absorption of toxins		Contact with electrical		Motor vehicle	
Inhalation of toxins		Contact with radiation		Overexertion	
Ingestion of toxins		Contact with noise		Rubber or abraded	
Bodily reaction		Contact with temperature extreme		Stuck by	
Caught in, under or between		Fall from elevation /same level		Other (describe):	
<u>ACTIONS/CONDITIONS THAT CONTRIBUTED TO INCIDENT</u>					
Bypassing safety devices		Improper use of equipment		Taking an unsafe position	
Distraction or inattention		Inadequate maintenance		Unstable material loading	
Failure to secure or warn		Incorrect lifting or carrying		Unstable material stacking	
Failure to use PPE		Not following procedure		Using defective tools	
Failure to wear proper attire		Operating at unsafe speeds		Using defective equipment	
Horseplay		Operating without authority		Working on live equipment	
Improper use of tools		Poor housekeeping		Ventilation	
Arrangement/Layout		Guarding		Other (describe):Cramped area	
Congestion		Illumination			

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SECTION C – ACTION PLANS			
<u>PREVENTIVE AND/OR CORRECTIVE ACTIONS</u>			
<u>Action(s) Recommended</u>	<u>Target Date</u>	<u>Assigned To</u>	<u>Date Completed</u>
Develop, revise procedure			
Develop, revise, enforce rules			
Improve emergency system			
Remove, improve housekeeping			
Provide PPE			
Review, revise training program			
Initiate inspection program			
Initiate inspection program			
Provide special communications such as departmental memorandum or bulletin			
Review with workers at safety meetings			
Revise equipment / layout			
Modify, replace equipment			
Review, improve maintenance			
Install, replace, adjust guards			
Modify, replace tools			
Other (briefly describe including a target date for completion and who is it assigned to):			

Signature of
Worker

Date

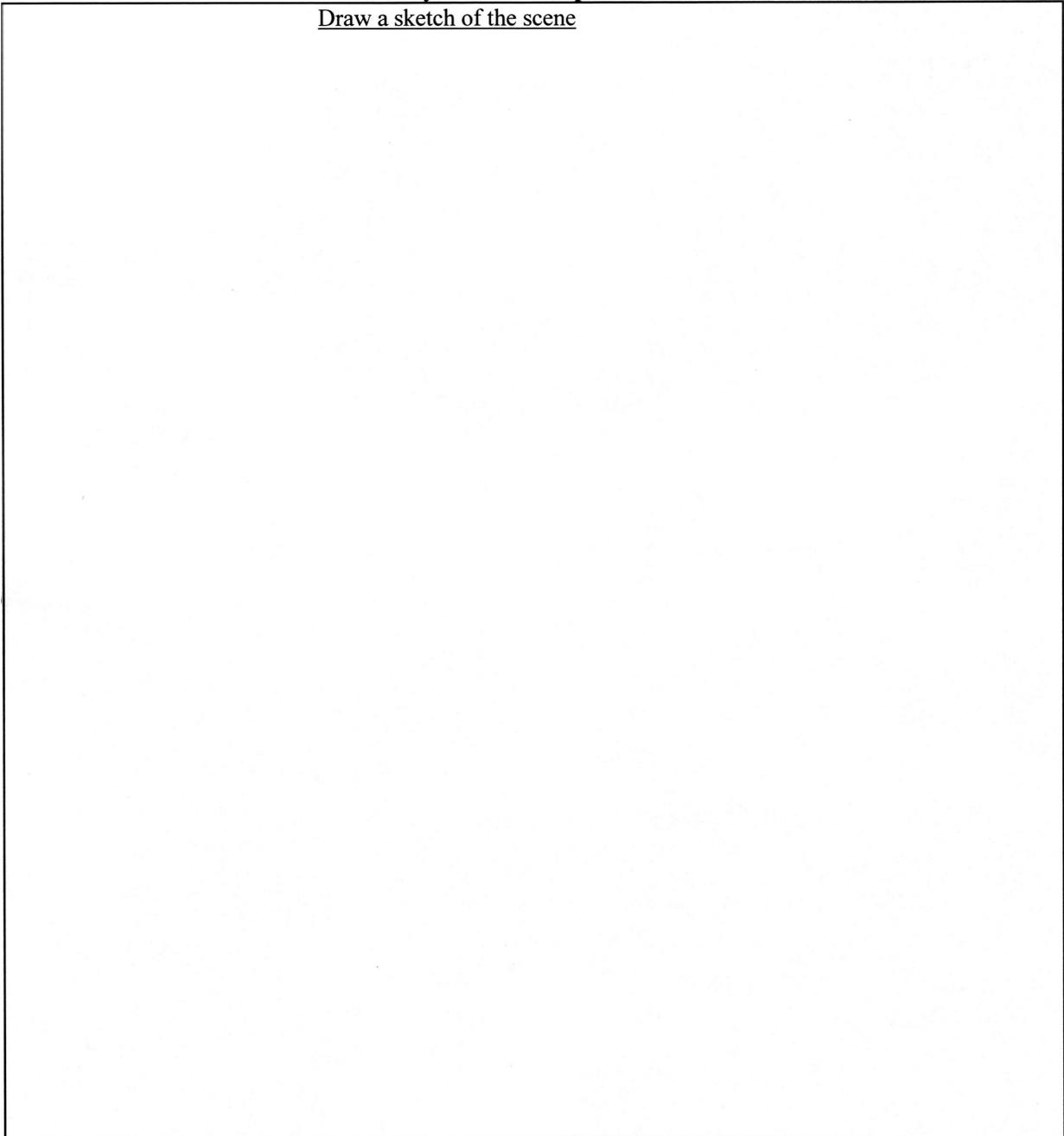
Signature of
Worker's
Supervisor

Date

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Draw a sketch of the scene

A large, empty rectangular box with a thin black border, intended for drawing a sketch of the scene. The box is currently blank.

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