

Accident Forms Summary

Occupational Forms

Supervisors Report of Incident/Accident

Use this form for **all** work related incidents/accidents. Please note that this form should be completed by the Supervisor/Manager and not by the employee.

A WSIB claim must be initiated for any incidents involving health care and/or lost time from work. Human Resources has **three (3)** days from the date the incident is reported to file with WSIB to avoid a late filing charge (*which will be the responsibility of the department*). This form once completed must be sent to HR in order that the paperwork can be processed before it is sent to the WSIB so please ensure that you have the form completed and forwarded to HR promptly. These forms can be faxed, emailed or scanned to HR for immediate action, and originals can be sent via inter office mail.

First Aid Form

This form is to be completed by the employee to document a work related injury. The employee is responsible to inform their supervisor / manager or designate immediately if they have suffered a work injury. These First Aid forms are used to document first aid injuries where no medical treatment is needed and where there is no lost time from work. The employee and supervisor / manager should then review and take any further action if necessary.

This form is also to be completed by the employee if they require health care and / or lost time, which the supervisor / manager or designate can review with the employee while completing the appropriate Supervisors Report of Incident / Accident.

In all cases, the First Aid forms are to be submitted to HR within 24 hours for immediate action, and originals can be sent via inter office mail.

Health Professionals Report (Form 8)

Whenever you learn that one of your employees sustained an occupational injury or disease, you or your departments designate must do the following:

1. Assist your employee in arranging "reasonable and necessary" medical treatment.
2. Complete a Supervisor's Report of Employee Incident/Accident and forward to the Human Resources HR Associate – Disability.
3. Include additional comments and/or witness statements or evidence that may assist with the appropriate legislative reporting, and submit with the initial incident report, if available at that time.

4. Provide the employee with a Workplace Safety and Insurance Health Professionals Report (Form 8) to take to their treating physician if they are seeking or require immediate medical attention.
5. Advise the employee to provide you with Page 2 of the Health Professionals Report (Form 8) and inform the employee that the Town of Oakville supports an “early and safe return to work” under the Workplace Safety and Insurance Act, and that modified duties are available.
6. Have the employee report back to you after they have been treated by a medical practitioner only if it is safe for them to do so.

Any injury of a critical nature as defined by the Ministry of Labour, must be reported immediately to John Wong, Health Safety & Wellness Consultant at 905-845-6601 ext. 3246.

Functional Abilities Form

This is a WSIB form and is to be used when updated an employee is off work due to a compensable injury or if they are performing modified duties, and the employer is requesting a medical update. This form is completed by the health care provider, and will provide us with details in regards to any limitations or restrictions the employee may have as a result of the work-related injury.

If you have any questions or concerns please contact Jennifer Gul, HR Associate – Disability at extension 3271 or Marlene Deley, HR Disability Claims Coordinator at extension 3242.