



THE CORPORATION OF THE TOWN OF OAKVILLE
 1225 TRAFALGAR ROAD
 OAKVILLE, ONTARIO L6H 0H3

SUPERVISOR'S REPORT OF EMPLOYEE INCIDENT/ACCIDENT

- Please print clearly in dark ink.
- Answer all questions to the best of your knowledge.

A. EMPLOYEE INFORMATION

LAST NAME:	FIRST NAME:	EMPLOYEE #:
DIVISION:		DEPARTMENT:
OCCUPATION AT TIME OF ACCIDENT:		YEARS OF EXPERIENCE IN OCCUPATION:

B. DETAILS OF INCIDENT/ACCIDENT

EXTENT OF INJURY: Incident Only First Aid Property Damage
 Health Care Lost Time Critical Injury/Fatality

PART OF THE BODY INJURED: (Indicate left or right side) _____

DATE AND HOUR OF ACCIDENTAL INJURY:	Day:	Month:	Year:	Time:	a.m./p.m.
DATE AND HOUR REPORTED TO EMPLOYER:	Day:	Month:	Year:	Time:	a.m./p.m.
DATE AND HOUR LAST WORKED:	Day:	Month:	Year:	Time:	a.m./p.m.
DATE AND HOUR RETURNED TO WORK (IF KNOWN)	Day:	Month:	Year:	Time:	a.m./p.m.

ACCIDENT/INJURY REPORTED TO:
 EXACT LOCATION OF ACCIDENT:

NAME AND ADDRESS OF TREATING PHYSICIAN OR TREATMENT CENTRE:

Name:	Address:	Telephone Number
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CONTACT INFORMATION OF WITNESSES OR PERSONS HAVING KNOWLEDGE OF THE INCIDENT/ACCIDENT:

Name:	Address:	Telephone Number
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DESCRIBE THE ACCIDENT, INCLUDING WHAT THE EMPLOYEE AND ANY OTHERS INVOLVED WERE DOING, AND WHAT THEY WERE TRYING TO DO. IDENTIFY ANYTHING UNUSUAL ABOUT THE SITUATION (*Attach sketch if applicable*).

IDENTIFY EQUIPMENT/MATERIAL/DEVICE(i.e. size, weight, etc.). DESCRIBE ANY APPLICABLE DAMAGE.

C. IMMEDIATE CAUSES

CHECK THE ACTIONS AND CONDITIONS THAT CAUSED THE ACCIDENT: (Check as many as apply)

<input type="checkbox"/> Failure to warn/secure	<input type="checkbox"/> Inadequate/improper personal protective equipment
<input type="checkbox"/> Working at unsafe speed	<input type="checkbox"/> Defective tools/equipment/materials
<input type="checkbox"/> Removing safety devices	<input type="checkbox"/> Congestion/restricted action
<input type="checkbox"/> Using defective equipment	<input type="checkbox"/> Inadequate warning system
<input type="checkbox"/> Failure to use protective equipment	<input type="checkbox"/> Fire and explosion hazard
<input type="checkbox"/> Improper lifting/loading	<input type="checkbox"/> Poor Housekeeping/disorder
<input type="checkbox"/> Improper position/posture for the task	<input type="checkbox"/> hazardous environmental conditions
<input type="checkbox"/> Working on moving/dangerous equipment	<input type="checkbox"/> Noise Exposure
<input type="checkbox"/> Horseplay	<input type="checkbox"/> High/Low temperature exposure
<input type="checkbox"/> Driving error	<input type="checkbox"/> Inadequate/excessive illumination
<input type="checkbox"/> Making safety devices inoperable	<input type="checkbox"/> Inadequate ventilation
<input type="checkbox"/> Using equipment improperly	<input type="checkbox"/> Other

EXPLAIN: _____

