



Health Safety and Wellness Centre
 Red Deer College
 Telephone: 403.342.3427

INCIDENT / INJURY REPORT

HEALTH AND SAFETY COMMITTEE

The personal information on this form is being collected under the authority of the Occupational Health and Safety Act and the Freedom of Information and Protection of Privacy (FOIP) Act of Alberta. It will be used by the Health Safety and Wellness Centre to facilitate an incident investigation and follow up. The information may be shared with incident and insurance investigators. It will be protected in compliance with FOIP and retained according to approved Information Management guidelines, then confidentially destroyed. If you have any questions about the collection or use of this information, contact the Manager, Health Safety and Wellness Centre at 403-342-3268.

**** AFTER HOURS: PLEASE REPORT INCIDENTS / INJURIES TO SECURITY AT EXTENSION 4000 or use the RDCSAFE App.**

A) TO BE COMPLETED BY INJURED/AFFECTED PERSON OR SUPERVISOR AND EMAIL TO: Health.Safety@rdc.ab.ca

INJURED / AFFECTED PERSON TYPE – check one		<input type="checkbox"/> Employee	<input type="checkbox"/> Student	<input type="checkbox"/> Contractor	<input type="checkbox"/> Visitor
DATE OF OCCURRENCE (m/d/y)		TIME OF OCCURRENCE (ie 9:15 AM)			
		<input type="checkbox"/> AM	<input type="checkbox"/> PM		
DATE REPORTED (m/d/y)		TIME REPORTED (ie 9:30 AM)			
		<input type="checkbox"/> AM	<input type="checkbox"/> PM		
NAME OF INJURED/AFFECTED PERSON		PHONE # OF INJURED/AFFECTED PERSON (including area code)			
OCCUPATION/POSITION/PROGRAM OR SERVICE AREA		Is this a Continuing Education course?			
		<input type="checkbox"/> YES	<input type="checkbox"/> NO		
INSTRUCTOR/SUPERVISOR NAME & PHONE NUMBER		CHAIRPERSON/MANAGER/TRADE REPRESENTATIVE & PHONE NUMBER			
WHERE DID THIS INCIDENT/INJURY OCCUR? PLEASE INCLUDE ROOM NUMBER/AREA OF CAMPUS.					
HOW DID THIS INCIDENT/INJURY HAPPEN (TOOLS/MATERIALS/EQUIPMENT USED) ACCORDING TO THE INITIAL STATEMENT OF THE INJURED/AFFECTED PERSON? IF A SPILL, LIST THE NAMES OF COMPOUNDS AND QUANTITIES.					
DESCRIBE THE INCIDENT/INJURY/EXPOSURE (BE SPECIFIC - RIGHT OR LEFT SIDE OF BODY, WHAT FINGER ON WHAT HAND...).					
TYPE OF FIRST AID TREATMENT RENDERED & BY WHOM?					
DESCRIBE THE PERSONAL PROTECTIVE EQUIPMENT (SAFETY EQUIPMENT) BEING USED AT THE TIME OF THE INCIDENT.					

**** PLEASE ATTACH ANY PHOTOGRAPHS OR DETAILED OBSERVATIONS WITH THIS REPORT**

B) TO BE COMPLETED BY SENIOR ADMINISTRATION TEAM MEMBER The HSC requires the Senior Administration Team Member and the Associate Dean to provide proof that they received and read the Incident Report by stating in an email: "that they have received and read the Incident Report" and email it to Health.Safety@rdc.ab.ca

SENIOR ADMINISTRATION TEAM MEMBER NAME PRINTED	SENIOR ADMINISTRATION TEAM MEMBER SIGNATURE
--	---

C) TO BE COMPLETED BY HEALTH, SAFETY AND WELLNESS ADMINISTRATION

Incident/Injury Investigator Area – check one	
<input type="checkbox"/> Facilities Indoor <input type="checkbox"/> Facilities Outdoor <input type="checkbox"/> Visual Arts <input type="checkbox"/> Performing Arts <input type="checkbox"/> Sciences <input type="checkbox"/> Athletics <input type="checkbox"/> Trades <input type="checkbox"/> Campus Management <input type="checkbox"/> Contractor <input type="checkbox"/> Other	
Name of Investigator(s)	
Type – check one <input type="checkbox"/> Near-miss <input type="checkbox"/> Medical Aid <input type="checkbox"/> Spill/Chemical Exposure <input type="checkbox"/> Biosafety <input type="checkbox"/> First Aid <input type="checkbox"/> Lost Time <input type="checkbox"/> Property Damage	
Was a Workers' Compensation Board form completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	

D) TO BE COMPLETED BY RDC INCIDENT INVESTIGATOR - check factors & conditions that best describe the incident

<u>TYPE OF INCIDENT</u>			
<input type="checkbox"/> Struck against	<input type="checkbox"/> Struck by	<input type="checkbox"/> Fall to lower level	<input type="checkbox"/> Fall to same level
<input type="checkbox"/> Caught in	<input type="checkbox"/> Caught on	<input type="checkbox"/> Caught between	<input type="checkbox"/> Over-exertion
<input type="checkbox"/> Contact with heat	<input type="checkbox"/> Contact with cold	<input type="checkbox"/> Contact with fire	<input type="checkbox"/> Contact with electricity
<input type="checkbox"/> Corrosive chemical	<input type="checkbox"/> Toxic chemical	<input type="checkbox"/> Noise	<input type="checkbox"/> Pressure
<input type="checkbox"/> Biological	<input type="checkbox"/> Radiation	<input type="checkbox"/> Foreign body	
COMMENTS:			
<u>IMMEDIATE CAUSES – SUBSTANDARD PRACTICES</u>			
<input type="checkbox"/> Operating without authority	<input type="checkbox"/> Failure to warn	<input type="checkbox"/> Failure to secure	<input type="checkbox"/> Defective equipment in operation
<input type="checkbox"/> Used equipment improperly	<input type="checkbox"/> Did not use PPE	<input type="checkbox"/> Horseplay	<input type="checkbox"/> Under the influence of
<input type="checkbox"/> Made safety device inoperable	<input type="checkbox"/> Improper speed	<input type="checkbox"/> Slippery surface	
COMMENTS:			
<u>UNDERLYING CAUSES</u>			
PHYSICAL / PSYCHOLOGICAL FACTORS			
<input type="checkbox"/> Physical limitations	<input type="checkbox"/> Psychological limitations	<input type="checkbox"/> Lack of knowledge	
<input type="checkbox"/> Physical stress	<input type="checkbox"/> Psychological stress	<input type="checkbox"/> Lack of skill	
INADEQUATE CONTROLS – PROGRAM ELEMENTS			
<input type="checkbox"/> Job/task analysis & procedures	<input type="checkbox"/> Previous incident/injury analysis	<input type="checkbox"/> Incident/injury investigations	
<input type="checkbox"/> Organizational rules	<input type="checkbox"/> Job/task observations	<input type="checkbox"/> Purchasing & engineering controls	
<input type="checkbox"/> Personal communications	<input type="checkbox"/> Emergency preparedness	<input type="checkbox"/> Health control & services	
<input type="checkbox"/> Employee training	<input type="checkbox"/> Personal protective equipment	<input type="checkbox"/> Leadership & administration	
<input type="checkbox"/> Program evaluation system	<input type="checkbox"/> Planned inspections	management training	
SUBSTANDARD CONDITIONS			
<input type="checkbox"/> Inadequate guards	<input type="checkbox"/> Inadequate protection	<input type="checkbox"/> Defective equipment	<input type="checkbox"/> Congestion
<input type="checkbox"/> Inadequate warning system	<input type="checkbox"/> Fire hazard	<input type="checkbox"/> Explosion hazard	<input type="checkbox"/> Environmental (ambient temp)
<input type="checkbox"/> Ventilation	<input type="checkbox"/> Poor housekeeping	<input type="checkbox"/> Illumination	
JOB FACTORS			
<input type="checkbox"/> Inadequate engineering	<input type="checkbox"/> Inadequate purchasing	<input type="checkbox"/> Wear & tear	<input type="checkbox"/> Inadequate leadership/supervision

Inadequate maintenance

Inadequate tools/equipment

Abuse or misuse

Inadequate work standards

COMMENTS:

INVESTIGATION RECOMMENDATIONS: CORRECTIVE ACTION (CONTROLS/MANAGEMENT SYSTEM)

INCIDENT/INJURY INVESTIGATOR – PRINT NAME & SIGNATURE

COMPLETION DATE (m/d/y)