



Health Sciences North
Horizon Santé-Nord

EMPLOYEE REPORT OF OCCUPATIONAL HAZARD/INCIDENT/ACCIDENT

To be used in **conjunction with** the YELLOW report
(May be completed when Manager/Supervisor is not immediately available)

NAME: DATE OF BIRTH: DEPT/SITE:

HAZARD/INCIDENT/ACCIDENT DATE: HAZARD/INCIDENT/ACCIDENT TIME:

YOUR MANAGER:

AREA OF BODY INJURED (if applicable):

PLEASE PROVIDE A CLEAR DESCRIPTION OF THE HAZARD/INCIDENT/ACCIDENT:

SEVERITY : Circle one (See reverse for definitions) **A** **B** **C**

WITNESS:

NAME OF HEALTH PROFESSIONAL SEEN: DATE HEALTH PROFESSIONAL SEEN:

HEALTH PROFESSIONAL'S ADDRESS:

HAVE YOU HAD A PRIOR SIMILAR PROBLEM? (IF THIS IS AN INJURY CLAIM, the WSIB may provide HSN with cost relief and this will have no impact on benefits paid to you.)

NAME (PLEASE PRINT)

SIGNATURE: DATE:

**WHEN COMPLETED, PROVIDE A COPY TO YOUR MANAGER/ SUPERVISOR AND
FAX TO 705-675-4702**

EMPLOYEE ROLES AND RESPONSIBILITIES

Section 28 (1) of the Occupational Health and Safety Act requires employees to

- **Report** to his/her employer or supervisor **the absence of or defect in any equipment or protective device he/she knows of** if that absence or defect may endanger himself, herself or another worker, and
- **Report** to his/her employer or supervisor **the existence of any hazard of which he/she is aware.**

Section 22(1) of the Workplace Safety and Insurance Act requires employees to

- File a claim **as soon as possible** after an accident occurs.

INSTRUCTIONS FOR COMPLETING THIS FORM:

Employee: This form is used for

1. Reporting work-related incidents and accidents
2. Identifying hazards in the workplace*, and
3. Providing health & safety suggestions or improvements
4. Code of Conduct concern

*If you identify a hazard, you can meet your obligations under the law and the Internal Responsibility System (IRS) by taking corrective action within your authority, skills or responsibility whenever possible. Otherwise, you must report to your Supervisor/Manager and/or complete this report.

You should complete the reverse of this form by giving as much information as possible regarding the location and nature of the hazard/incident/accident involved. Once completed, the form must be faxed to Occupational Health and Safety Service and a copy delivered to your immediate Supervisor/Manager.

Supervisor/Manager: On receipt of a verbal report of an injury or hazard and/or the blue Employee's Report, you must complete the yellow *Supervisor/Manager's Report of Occupational Hazard/Incident/Accident*. Once completed, this yellow report must be faxed to the Occupational Health and Safety Service and provide a copy to the Employee. You must complete a thorough investigation into the nature of any hazards identified regardless of whether or not an actual injury or illness has occurred. Every effort should be made to remove/correct the hazard and all reasonable precautions must be taken to ensure the safety of employees. You shall use due diligence in exercising the corrective action, implementing the written recommendation or indicating why action will not be taken as soon as possible.

SEVERITY

A – A condition or practice which caused or is likely to cause permanent disability, loss of life or body part and/or extensive loss of structure, equipment or materials (e.g. Doing electrical work without the appropriate ladder and PPE)

B – A condition or practice which caused or is likely to cause serious injury or illness (resulting in temporary disability or property damage that is less severe than class A. (e.g. Slippery floor observed in main hallways or a broken tread at the bottom of stairs)

C – A condition or practice which caused or is likely to cause minor (non-disabling) injury or illness or non-disruptive property damage. (e.g. A jagged edge on a desk that could catch skin)