NOSM INJURY/INCIDENT REPORTING FORM

Section A – Employees/Residents/Students

All employees must complete and submit this form to their supervisor as soon as possible following an injury or incident. If the employee/student is unable to complete this form, the supervisor must do so on their behalf. Please see the document titled "Injury/Incident Report Form Information Sheet" for assisting in completing this form.

Last Name: _____ First Name: _____

Job Title: _____ Unit: _____

Phone Number: _____ Email: _____

Supervisor: _____

DD/MM/YY of Injury/Incident: _____ Time of Day: _____ ☐ AM ☐ PM

Injury/Incident Location: _____ Room Number/Location: _____

Description of Injury/Incident

Briefly describe the injury/incident (include all relevant information):

Who was the injury/incident reported to?
(Name, Position and Phone Number): _____

DD/MM/YY Reported: _____ Time of Day: _____ ☐AM ☐ PM

Witnesses? If so, please provide name(s),
position & phone number: _____

Type of injury: ☐ Incident (Near Miss) ☐ First Aid ☐ Health Care (Medical Aid) ☐ Critical Injury ☐ Occupational Illness
☐ Lost Time Injury ☐ Violence/Threat of Violence ☐ Needlestick ☐ Fluid Splash

If lost time injury, indicate DD/MM/YY last worked: _____ Time of Day: ☐ AM ☐ PM

DD/MM/YY Returned to Work: _____ Time of Day: ☐ AM ☐ PM

Indicate the injured body part, and if it was the Left, or Right, or Both Sides:

☐ Head ☐ Left ☐ Right ☐ Both	☐ Neck ☐ Left ☐ Right ☐ Both	☐ Wrist ☐ Left ☐ Right ☐ Both	☐ Lower Back ☐ Left ☐ Right ☐ Both	☐ Knee ☐ Left ☐ Right ☐ Both
☐ Face ☐ Left ☐ Right ☐ Both	☐ Shoulder ☐ Left ☐ Right ☐ Both	☐ Hand ☐ Left ☐ Right ☐ Both	☐ Abdomen ☐ Left ☐ Right ☐ Both	☐ Lower Leg ☐ Left ☐ Right ☐ Both
☐ Eye ☐ Left ☐ Right ☐ Both	☐ Upper Arm ☐ Left ☐ Right ☐ Both	☐ Finger(s) Please Specify:	☐ Hip ☐ Left ☐ Right ☐ Both	☐ Ankle ☐ Left ☐ Right ☐ Both
☐ Teeth ☐ Left ☐ Right ☐ Both	☐ Elbow ☐ Left ☐ Right ☐ Both	☐ Chest ☐ Left ☐ Right ☐ Both	☐ Pelvis ☐ Left ☐ Right ☐ Both	☐ Foot ☐ Left ☐ Right ☐ Both
☐ Ear ☐ Left ☐ Right ☐ Both	☐ Lower Arm ☐ Left ☐ Right ☐ Both	☐ Upper Back ☐ Left ☐ Right ☐ Both	☐ Upper Leg ☐ Left ☐ Right ☐ Both	☐ Toe(s) Please specify:

☐ Other (please specify):

Did you receive health care for your injury?
☐ Yes ☐ No

Date of Health Care received:

If yes, include the health professional's name, address and phone number:

Name: _____

Address: _____

Phone:

Treatment of injury by/at:

☐ Family Physician	☐ Emergency Department	☐ Health Services	☐ Health Professional	☐ Clinic	☐ Other:

Employee Signature | Date

Section B – Supervisors

Section B must be completed and submitted (along with Section A) to Human Resources by the supervisor within 24 hours of learning of the injury/incident. See the document "Injury/Incident Report Form Information Sheet" for assistance in completing the form or contact the Human Resources Unit.

Note: Failure to submit the form within 24 hours of the injury/incident may result in the unit being charged a late reporting fine as imposed by the Workplace Safety and Insurance Board (WSIB).

Supervisor Name: _____ Unit/Portfolio: _____ Extension: _____

Contributing Factors – Check all that Apply

☐ Awkward Positioning/Posture (ergonomics)

☐ Slip/Trip/Fall (include description of footwear): _____

☐ Improperly Guarded Equipment/Machinery

☐ Failure to use Personal Protective Equipment

☐ Unsafe Practice

☐ Poor Housekeeping

☐ Insufficient Training

☐ Unsafe Equipment/Machinery

☐ Deviation from Safe Practice/Procedure

☐ Failure to Lockout

☐ Incorrect/Defective Tool(s)

☐ Other: _____

Detailed Explanation of Contributing Factor(s):

Details of Property Damage, if Applicable:

Corrective Measures – Check all that Apply

☐ Additional/Refresher Training
☐ Equipment Repair/Replacement
☐ Conduct Job Safety Analysis

☐ Improve Housekeeping
☐ Install Guard/Safety Device
☐ Discuss during Employee Orientation

☐ Review Personal Protective Equipment
☐ Change to Work Procedure
☐ Other (Please Explain):

Detailed explanation of corrective measure(s) taken to prevent reoccurrence:

Supervisor Signature | Date

Human Resources Signature | Date

COMPLETED FORMS MUST BE SENT TO HUMAN RESOURCES:

EMAIL: hr@nosm.ca or **FAX: (705) 671-3880**