



York University Incident Report (Non-Employee)

To be completed by the Supervisor/Person in Charge.

Complete form within 24 hours of notification to:

(1) Risk Management Services, Finance Department; neale@yorku.ca; fax: (416) 736-5815

(2) Area Health and Safety Officer

PLEASE COMPLETE IN BLOCK LETTERS

CONTACT INFORMATION	Name of Affected Person: <input type="checkbox"/> Student, Student Number: Contact (address / phone/ email): <input type="checkbox"/> Volunteer <input type="checkbox"/> Visitor
	Supervisor/Person in Charge: Title/Position: Campus Address: Contact (phone and email):

DATE /LOCATION	Date of incident (d/m/yr): _____ Time: _____ <input type="checkbox"/> am <input type="checkbox"/> pm
	Date reported to Supervisor (d/m/yr): _____
	Location: <input type="checkbox"/> Keele <input type="checkbox"/> Glendon <input type="checkbox"/> Other (please specify): _____
	Location details (include building/room#, if outside nearest building, and site description): _____

IMMEDIATE RESPONSE AND NOTIFICATION	Who was notified as part of the incident response? Provide relevant details.
	<input type="checkbox"/> First Aider, Name(s): _____ First Aid provided: _____
	EMS/911 <input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> Security Responding Officer(s)/Badge#:
	<input type="checkbox"/> Health, Safety, & Employee Well-Being Office, Name(s):
	<input type="checkbox"/> Area Health and Safety Officer, Name:
	<input type="checkbox"/> Health Care Provider, Clinic/Doctor name:
	Was health care required immediately? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what did the affected person do after the incident? (e.g. remained in class, went home to rest, will arrange to see doctor if symptoms persist/worsen)
Transported to (name of hospital): _____	
Do you suspect a critical injury?* <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, notify HSEWB office immediately.)	
Other reports completed? (e.g. H&S Chemical/Biological Incident report, Incident Report at other Institution) List: _____	
**See Last Page for "Critical Injury" process	

NON-INJURY	Is this a Near-Miss Incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe any unsafe acts/conditions that could have resulted in an injury:
	Property damage? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:

INCIDENT DESCRIPTION	What was affected person doing immediately before incident occurred?		
	Describe what happened in injured person's own words if possible (attach separate report, if necessary) :		
	Other relevant information (e.g. part of a course/research?):		
	Did the injured person's action cause/contribute to the incident? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, specify how:		
	Describe the injury including location on body, (left/right) and what injury was sustained): <input type="checkbox"/> N/A		
	Wound (cut, scrape, bruise, puncture):	<input style="width: 100px; height: 20px;" type="text"/>	Eye Injury: <input style="width: 100px; height: 20px;" type="text"/>
	Fracture (broken bones):	<input style="width: 100px; height: 20px;" type="text"/>	Poisoning, stings, bites: <input style="width: 100px; height: 20px;" type="text"/>
	Muscle, ligament, joint injury (sprain):	<input style="width: 100px; height: 20px;" type="text"/>	Burn: <input style="width: 100px; height: 20px;" type="text"/>
	Head/spine/back injury:	<input style="width: 100px; height: 20px;" type="text"/>	Medical (asthma, chest pain, seizure, etc.): <input style="width: 100px; height: 20px;" type="text"/>
	What is the current status of the affected person (if known)?		
Witnesses/Others Involved (attach separate report, if necessary):			
Name:			
Home Address:			
Phone: () -	Age:	Gender: <input type="checkbox"/> F <input type="checkbox"/> M	
<input type="checkbox"/> York Student	<input type="checkbox"/> York Employee/Faculty	<input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer	

FOLLOWUP	Causes/Contributing Factors:		Preventative/Corrective Actions Taken:	
	<i>Hazard(s) present:</i>		<i>(indicate if action is complete or in progress)</i>	
	<input type="checkbox"/> Heat <input type="checkbox"/> Cold <input type="checkbox"/> Air Quality <input type="checkbox"/> Biological <input type="checkbox"/> Chemical <input type="checkbox"/> Trip hazard (e.g. uneven or slippery surface) <input type="checkbox"/> Noise <input type="checkbox"/> Vibration <input type="checkbox"/> Energy Source (e.g. electrical) <input type="checkbox"/> Heights <input type="checkbox"/> Sharp Object <input type="checkbox"/> Moving/Lifting Objects			
	<i>Lack of/ Inadequate:</i>			
	<input type="checkbox"/> Equipment /Tools <input type="checkbox"/> Equipment Maintenance/Safety Guards <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Standard Operating Procedures/Process <input type="checkbox"/> Training <input type="checkbox"/> Communication <input type="checkbox"/> Personal Protective Equipment			
	<i>Other:</i>			
	<input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Horseplay <input type="checkbox"/> Poor weather <input type="checkbox"/> _____			
	Details:			
	Report completed by:			

Name

Signature

Date (d/m/yr)

CRITICAL INJURY REPORTING

FOR ANY INJURIES SUSPECTED OF BEING A CRITICAL INJURY TO ANY PERSON IN THE WORKPLACE:

1. ARRANGE FOR MEDICAL AND EMERGENCY ASSISTANCE:

- Call 911
- Call campus Security (416-736-5333 or ext. 33333) who will meet and expedite emergency vehicles directly to the scene
- Immediately report the incident to the Health, Safety and Employee Well-Being (HSEWB) Team (ext. 55491)

2. SECURE THE ACCIDENT SCENE TO:

- Prevent further injury
- Ensure the accident scene is not disturbed, except to save a life, relieve suffering, maintain utilities, or to prevent unnecessary damage to equipment and/or property
- Security may also assist with securing the scene

3. REPORT THE INCIDENT TO THE MINISTRY OF LABOUR:

HSEWB and/or the Supervisor/Person-in-Charge must report the incident to the Ministry of Labour (MOL), as well as to the relevant Joint Health and Safety Committee (JHSC) worker co-chair or member.

4. REPORT THE INCIDENT TO OTHER INTERNAL PARTIES AS NECESSARY:

HSEWB and/or the Supervisor/Person-in-Charge will contact Communications & Public Affairs, Risk Management, University Legal Counsel, appropriate department heads and other internal parties deemed necessary.

5. CONDUCT AN ACCIDENT INVESTIGATION:

The Supervisor/Person-in-Charge and JHSC Certified Worker Representative will conduct an investigation and complete a Supervisor's Accident Investigation Report (SAIR) (or YU Incident Report for non-employees) with assistance from HSEWB as necessary.

6. SUBMIT A WRITTEN NOTICE OF INJURY AND/OR DEATH TO THE MINISTRY OF LABOUR WITHIN 48 HOURS:

HSEWB and the Supervisor/Person-in-Charge will ensure that a written report of injury and/or death is completed and forwarded to the MOL within 48 hours from the time of the accident. This written notice of injury or death report is in addition to the SAIR, and must include the information prescribed in the Occupational Health & Safety Act - Regulation 834 regarding critical injuries.

WHAT IS A CRITICAL INJURY?

An injury of a serious nature that results in one of the following:

- Places life in jeopardy
- Unconsciousness
- Substantial loss of blood
- Fracture of a leg or arm but not a finger or toe
- Amputation of a leg, arm, hand or foot but not a finger or toe
- Burns to a major portion of the body, or
- Loss of sight in an eye

For serious injuries not mentioned above, or if you are not sure, treat as a critical injury and follow the reporting procedures.

WHY IS THIS IMPORTANT?

There are specific reporting and investigation requirements for critical injuries under the Occupational Health & Safety Act - Regulation 834 regarding critical injuries.

WHO DOES THIS APPLY TO?

This applies to all persons who suffer a critical injury while in the workplace, and includes:

- Employees - faculty and staff
- Non-employees - students, visitors, contractors and volunteers

For more information, please contact:
Health, Safety & Employee Well-Being
416-736-2100 ext. 55491