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| Report No. | Occurrence Date | Time | Reported to Supervisor | Time | Reported to AU OHS | Time |  |
|  | Click here |  |  |  |  |  |  |

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| Occurrence Class: Choose an item. | | | Other: | | |
| Work Relation: Choose an item. | | | Other: | | |
| Occurrence Location: Choose an item. | | | Other: | | |
| Occurrence Area: Choose an item. | | | Specific Location: | | |
| Nature of Occurrence: Choose an item. Choose an item. | | | Other: | | |
| Source of Occurrence: Choose an item. Choose an item. | | | Other: | | |
|  |  |  |  |  |  |
| **Nature of Injury:**  N/A  Animal or Insect Bites or Venomous  Asphyxia  Benign Neoplasms/Tumors | Bio Hazard  Burns  Carpal Tunnel  Circulatory  Concussion  Contusions / Bruises  Crushing Injuries | Deafness, Hearing Loss, Impairment  Dermatitis  Epicondylitis  Foreign Body  Fractures  H1N1 Influenza  Head – Severe  Hernia – Rupture | Influenza  Lacerations  Mental Health / Psychological  Neoplasms, Tumors, and Cancer  Nervous System  Non-Personal (Personal effects only)  Nonspecific Injuries and Disorders | Respiratory  Poisonings and Toxic Effects  Skin and Subcutaneous Tissue  Strain or Sprain  Systemic  Tendonitis  Trauma  Other, please comment: | |
| **Part of Body Injured:**  Abdomen/Pelvis  Ankle  Arm  Back  Brain  Chest | Ear  Elbow  Eyes  Face  Finger(s)  Foot  Hand | Head and Face  Hip and Thigh  Internal Systems  Knee  Leg  Multiple Systems | Neck  Personal effects only (no bodily injury)  Shoulder and Upper Arm  Teeth/Mouth  Trunk | Unknown  Wrist  Other, please comment:    Right Left or Both | |

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| Person(s) Involved in Occurrence | Department | Supervisor Name |
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| N/A Injured Person(s) | Department | Supervisor name |
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| Description of Occurrence: | | |
| *Detail relevant events that happened prior to the occurrence, during the actual occurrence and immediate actions that followed the occurrence. (what, when, where, why, how, sketches)?* | | |
| N/A **Hazard identification / Near Miss:** | | |
| *Identify work process / task being/ to be completed at time of hazard identification / near miss:* | | |
| *Identify Hazard(s) / Risk(s) Associated with the work process/task and /or hazard:*  See description of occurrence | | |
| Required / Implemented Controls:  Elimination  Substitution  Engineering  Administrative  PPE | | |
| *Details of Implemented / Required Controls:* | | |

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| Hazards Identification / Near Miss: Frequency + Probability + Severity | | | | | |
| **Frequency**  How often is the work process/task done? | | **Probability**  How likely in an incident to occur? | | **Severity**  How severe could an incident be? | |
| 4 | Frequently (i.e. daily) | 4 | Probable: Likely to occur immediately or soon | 4 | Catastrophic: Death, widespread occupational illness or injury, or loss of facilities |
| 3 | Often (i.e. weekly) | 3 | Reasonably Probable: Likely to occur eventually | 3 | Critical: Serious illness or injury resulting in lost time or restricted work, or damage >$25,000 |
| 2 | Occasionally (i.e. monthly) | 2 | Remote: Could occur at some point | 2 | Marginal: Moderate illness or injury requiring medical aid, or damage >=$1,001 - $24,999 |
| 1 | Rarely (i.e. annually) | 1 | Extremely Remote: Unlikely to occur | 1 | Negligible: Minor illness or injury requiring first aid, or damage <$1,000 |
| **Risk Ranking (total of checked values): 6** | | | | | |

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| N/A **First Aid Treatment:** | | | | | | |
| First Aid Administered By Whom (Name of First Aider): | | | | | | |
| Describe First Aid Treatment Provided: Employee rinsed her mouth with hydrogen peroxide. | | | | | | |
|  | | | | | | |
| N/A **Medical Treatment:** | | | | | | |
| Yes NA – Injured sought medical attention  Yes NA – Injured transported to hospital by  ambulance or two employees  Yes NA – WCB Recordable  Yes NA – WCB Employer Report Filed | | | | Yes NA – WCB Employee Report File  Yes NA – Progressive Injury Est. Onset: Date *(M/D/Y)*: Click here  Yes NA – Restricted / Modified Duties Required  Yes NA – Lost Time Recordable  Yes NA – AU Compensation & Benefits Notified  Yes NA – AU Abilities Management Notified | | |
| N/A **Environmental Impact:** | | | | | | |
| Yes  No – MSDS Reviewed Prior to Task  Yes  No – MSDS Reviewed Prior to Clean-up | | | *Identify Type and Quantity of Material Released:* | | | |
|  | |  | | | | |
| N/A **Property Damage:** | | | | | | |
| Type of Property Occurrence: AU Property | | | | | Repair Cost:        Actual  Estimate | |
|  | | | | |  | |
| N/A **Vehicle / Equipment Occurrence :** | | | | | | |
| Vehicle / Equipment: Choose an item. | AU Unit Number: | | | | | Repair Cost:        Actual  Estimate |
| Vehicle / Equipment: Choose an item. | AU Unit Number: | | | | | Repair Cost:        Actual  Estimate |
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| N/A **Non-Conformance:** | | | | | | | |
| *Identify Details of Non-Conformance:*  Employee not working within the scope of the Working Alone policy and may have increased her potential for injury. Another staff member should be present to assist when moving large equipment. Facilities needs to follow up and check cubicle walls for disrepair to avoid another occurrence of similar injuries. | | | | | | | |
| *Identify Recommended Corrective or Disciplinary Action:*       As above | | | | | | | |
| Policy / Procedure Reference: Working Alone | | | | | | | |
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| **Occurrence Record Ability** | | | | | | | | |
| **Class 1 – Minor Hazard**  Risk Ranking 3-6  First Aid illness/Injury  Damage < $1,000 | **Class 2 – Serious Hazard**  Risk Ranking 7-9  Medical Aid Illness / Injury  Restricted Work  Damage $1001 - $24 999  Elevator | | | Class 3 – Major Hazard Risk Ranking 10-12  Lost Time Illness/Injury  Fatality | | | Damage > $25,000  Major adverse environmental impact  Reportable to regulatory body |
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| **Immediate / Direct Causes** | | | | | | | | |
| **Substandard Actions** | | | **Substandard Conditions** | | | | |
| Using defective equipment/tools/machine/materials Details: | | | **Inadequate support/assistance** Details: | | | | |
| Details: | | | Choose an item.Details: | | | | |

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| **Basic / Root Causes** | | | | |
| **Personal Factors** | | | **Job Factors** | |
| **Physical/Physiological capability** Details: | | | Details: | |
| Choose an item.Details: | | | Choose an item. Details: | |
|  | | | |  |
| **List of Attachments to OHS Occurrence Report File:** | | | |  |
| Witness Statement(s)  WCB Employer Report  WCB Employee Report | WCB Physician’s Report  Photographs / Sketches  Progressive Injury Report | Physical Demand Analysis  Modified Work Agreement  AU Online OHS Occurrence Report | | Other |

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| **Immediate Corrective Actions** | **Person Responsible** | **Position** | **Due Date** | **Completion Date** |
|  |  |  | **Click here** | **Click here** |
|  |  |  | **Click here** | **Click here** |
|  |  |  | **Click here** | **Click here** |

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| **Long Term Corrective Actions to Prevent Recurrence** | **Person Responsible** | **Position** | **Due Date** | **Completion Date** |
|  |  |  | **Click here** | **Click here** |
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| **OHS Occurrence Investigation Team** | | |
| Name | Signature | Date (MM-DD-YYYY) |
|  |  | **9/5/2013** |
|  |  | **Click here to enter a date.** |

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| **Occurrence Report Review** | | |
| Department Supervisor | Signature | Date (MM-DD-YYYY) |
|  |  | **Click here to enter a date.** |
| Department Manager | Signature | Date (MM-DD-YYYY) |
|  |  | **Click here to enter a date.** |
| HR Advisor | Signature | Date (MM-DD-YYYY) |
|  |  | **Click here to enter a date.** |
| OHS Advisor | Signature | Date (MM-DD-YYYY) |
|  |  | **Click here to enter a date.** |
| Director, Human Resources | Signature | Date (MM-DD-YYYY) |
|  |  | **Click here to enter a date.** |