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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)?* |
| [x]  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 |
| [x] 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:*       |
|  |  |
| [x] 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 |
|  |  |  |
| **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**  |
|  |  |  |  **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.** |