

PARKLAND COLLEGE	CATEGORY D	PERSONNEL AND EMPLOYEE RELATIONS
INCIDENT NOTIFICATION and Investigation FORM	OPR D-29.1	APPROVED: MAY 13, 2014 REVIEWED: May 4, 2021

Date/Time of Incident: _____
Date Time AM/PM

Report Completed By: _____ Phone: _____

Person(s) Involved in Incident: _____ Phone: _____

<p>Type of Incident : <input type="checkbox"/> Injury <input type="checkbox"/> Equipment/Property Damage <input type="checkbox"/> Environmental <input type="checkbox"/> Near Miss <input type="checkbox"/> Harassment <input type="checkbox"/> Assault/Acts of Violence <input type="checkbox"/> Vehicle Accident <input type="checkbox"/> Exposure to harmful environments or substances <input type="checkbox"/> Other</p> <p>Was the person: <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor</p> <p>Treatment Required: <input type="checkbox"/> None <input type="checkbox"/> First Aid <input type="checkbox"/> Medical Aid <input type="checkbox"/> Hospital Admittance <input type="checkbox"/> Modified Duty <input type="checkbox"/> Lost Time</p> <p>Lost Time: <input type="checkbox"/> None <input type="checkbox"/> Yes – estimated time off: _____ <input type="checkbox"/> Unsure</p>
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Description of Incident: *(provide as much detail as possible such as what was being done, what tool or equipment was being used, etc., provide pictures wherever possible and attach additional pages if necessary.*

Specific Location of Incident: (provide as much detail as possible. Campus, location, area, weather, etc.)

Photo of scene/location of incident taken and submit to SAFETY: YES NO

Include name and contact information of witnesses (attach additional pages as necessary)

Incident reported by: _____ Incident Reported to: _____

Date/time of Notification: _____
Date Time AM/PM

Others notified: *(include names, contact info, etc.)*

RCMP Fire EMS OHS Committee Co-Chairs/Rep. OH&S Saskatchewan

Comments: _____

FORM MUST BE SENT TO safety@parklandcollege.sk.ca

Distribution to: Supervisor (Name): _____ Management (Name) _____

Other (list): _____ OH&S Co- Chairs/ Representative: _____

WCB E1 Form Filed Yes No Not Applicable

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Incident Investigation

Lead Investigator: _____ Phone: _____

Additional Investigation team: _____

Incident Causes

<p>Conditions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Poor housekeeping <input type="checkbox"/> Slip/trip hazards <input type="checkbox"/> Lack of equipment/inappropriate equipment <input type="checkbox"/> Design or arrangement of equipment <input type="checkbox"/> Defective tools, equipment, or materials <input type="checkbox"/> Inadequate or excessive illumination <input type="checkbox"/> Inadequate ventilation <input type="checkbox"/> Excessive noise <input type="checkbox"/> Inadequate or improper PPE <input type="checkbox"/> Fire and explosion hazards <input type="checkbox"/> Inadequate warning systems <input type="checkbox"/> Employee or student interaction <input type="checkbox"/> Adverse weather <input type="checkbox"/> Other (explain): _____ 	<p>Practices:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Improper body position/posture <input type="checkbox"/> Inadequate hazard identification <input type="checkbox"/> Inadequate supervision <input type="checkbox"/> Inadequate training <input type="checkbox"/> Tasks not varied/micro breaks not taken <input type="checkbox"/> Unnecessary rushing <input type="checkbox"/> Improper lifting techniques <input type="checkbox"/> Unsafe loading/placement <input type="checkbox"/> Using defective/ modified equipment <input type="checkbox"/> Using equipment improperly <input type="checkbox"/> Not using PPE or failing to use it properly <input type="checkbox"/> Not following appropriate procedures <input type="checkbox"/> Inappropriate conduct <input type="checkbox"/> Hazardous personal attire <input type="checkbox"/> Other (explain): _____
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Direct Cause of Incident: _____

Indirect Cause(s) of Incident: _____

Root Cause of Incident: _____

Corrective Actions

<ul style="list-style-type: none"> <input type="checkbox"/> Train or retrain person involved & others affected <input type="checkbox"/> Establish/improve work procedures for task <input type="checkbox"/> Meeting or Hand out about hazard and protections <input type="checkbox"/> Improve engineering/design <input type="checkbox"/> Improve inspection procedures <input type="checkbox"/> Repair or replace tools or equipment <input type="checkbox"/> Other Corrective action (list) _____ 	<ul style="list-style-type: none"> Date Completed _____ Date Completed _____ Date Completed _____ Date Completed _____ Date Completed _____ Date Completed _____ Date Completed _____
<p>*Include separate page if more Corrective Actions are needed*</p>	

Additional Comments, or Corrective Action notes: _____

Person Completing Report Signature: _____ Supervisor Signature: _____