



# THE UNIVERSITY OF ST. MICHAEL'S COLLEGE ACCIDENT/INCIDENT REPORT

UNIVERSITY OF  
ST. MICHAEL'S COLLEGE  
IN THE UNIVERSITY OF TORONTO

<b>Last Name:</b>		<b>First Name:</b>		<b>Department:</b>		<b>Job Title:</b>	
<b>Status:</b>		<b>Full-time</b>	<b>Part-time</b>	<b>Contractor</b>	<b>Summer student</b>	<b>Resident Student</b>	
<b>Commuter Student</b>		<b>Visitor</b>	<b>Other</b>				
<b>Date of Accident/Injury</b> (dd/mm/yy)		<b>Time of day</b>		<b>Date reported</b> (dd/mm/yy)		<b>Time of day</b>	
<b>At the time of the accident, was the staff/student/visitor involved in a work-related activity?</b>							
<b>Check Accident Type:</b>		<b>Non Injury</b>	<b>First Aid</b>	<b>Health Care</b>	<b>Lost Time</b>	<b>Critical Injury</b>	
<b>Description of Accident:</b> (state exactly the sequence of events leading to the accident; where it occurred; what the person was doing; the size, weight and type of equipment or materials involved, etc.)							
<b>Injury:</b> (describe injury, part of body involved, specify right or left)							
<b>Was medical treatment sought?</b> (If yes, provide name and address of attending physician, if available)				<b>Name &amp; address of family physician</b>			
<b>Was any time lost from work?</b>		<b>If yes, date &amp; time last worked:</b>		<b>Date &amp; time returned to work:</b>			
<b>Normal hours of work:</b>				<b>Normal days of work:</b>			
<b>Names &amp; Addresses of Witnesses:</b>							
<b>Name of person filing the report:</b>		<b>Department:</b>			<b>Date:</b>		
<b>Signature of Supervisor (For Staff Only):</b>		<b>Department:</b>			<b>Date:</b>		

**IMPORTANT:**

1. Report ALL accidents to immediate supervisor/manager. For Visitors & Students report to MCOR.
2. Complete and forward accident report to Human Resources immediately.
3. Submit a copy to the Co-Chairs of the Joint Health & Safety Committee

**WHEN TO COMPLETE THIS FORM**

*The Workplace Safety and Insurance Board (WSIB) requires that employers file a report within three days of learning of an occupational injury or disease that disables an employee or requires health care. Failure to do so may result in a late filing penalty being levied. Please print clearly in ink. If all of the information is not immediately available to you, please send what you have and submit further information as soon as you have it. If additional space is required, attach a separate letter. First aid only injuries are not reported to the WSIB but the WSIB requires that we keep a record of the details.*

**TYPES OF INJURIES**

Non Injury	No personal injury was sustained however the potential for personal injury was present.
First Aid	An injury which does not require health care, only treatment of a first aider or self administered first aid (i.e. application of a band-aid or cold compress)
Health Care	Medical attention is sought from a health professional (i.e. doctor, hospital, specialist, dentist, etc.)
Lost Time	When an employee does not report for work his/her next scheduled shift due to work related injury.
Occupational Disease or Illness	Refers to a condition that results from exposure in a workplace to a physical, chemical, or biological agent to the extent that the normal physiological mechanisms are affected and the health of the employee is impaired.
Critical Injury	Is defined as an injury of a serious nature that: <ul style="list-style-type: none"> <li>▪ places life in jeopardy;</li> <li>▪ produces unconsciousness;</li> <li>▪ results in substantial loss of blood;</li> <li>▪ involves the fracture of a leg or an arm but not a finger or toe;</li> <li>▪ involves the amputation of a leg, arm, hand or foot but not a finger or toe; ▪ consists of burns to a major portion of the body; or ▪ causes the loss of sight in an eye.</li> </ul> <p>EXAMPLES OF ALTERED STATE OF CONSCIOUSNESS COULD INCLUDE NEAR DROWNING, ELECTRIC SHOCK, OR SEIZURE.</p>

**STAFF/STUDENT/VISITOR RESPONSIBILITIES**

1. Promptly receive first aid.
2. Notify your supervisor immediately of any injury, including injuries which do not require medical attention or lost time.
3. Choose a doctor or other qualified practitioner (hospital, physician, chiropractor, physiotherapist, registered nurse -extended class, dentist).
4. Complete and return all report forms received from the WSIB.
5. In the case of a lost time injury, keep your supervisor updated as to your progress.

**SUPERVISOR RESPONSIBILITIES**

1. Ensure that first aid is received.
2. Provide transportation for the employee to a medical facility or to their home.
3. Investigate the accident and determine causes and make necessary changes.
4. Send a completed accident report to Human Resources within 24 hours.

**IN THE EVENT OF A CRITICAL INJURY, SUPERVISORS ARE RESPONSIBLE FOR:**

1. Procuring immediate medical attention;
2. Notifying all of the following:
  - **University of Toronto Police:** 416-978-2222
  - **USMC Joint Health and Safety Committee** c/o Human Resources at: 416-926-7118
  - **Contact HR to advise Ministry of Labour** (8:30 a.m. to 5:00 p.m.): 416-314-5421 or 1-800-991-7454 (Nights/Weekends/Holidays): 416-325-3000 or 1-800-268-6060 - Appropriate **Union member** representing the injured employee.
3. Ensuring the site of the accident remains undisturbed until a Ministry of Labour inspector has arrived;
4. Preparing a written report of the circumstances of the accident.