

**Purpose**

This document is intended to provide guidance to supervisors in appropriate completion of the *Supervisor's Report of Injury/Accident*. Information requested on this report is required for four purposes:

1. To fulfil the legal obligation to record and, where necessary, report workplace injuries/diseases to the Workplace Safety and Insurance Board (WSIB).
2. To permit accurate completion of the Employer's Report of Injury/Disease (WSIB Form 7), the form required by the WSIB to ensure employers provide key information on compensation claims for workplace injuries/diseases.
3. To document supervisory investigation of injuries, diseases and accidents, and where required enable legislatively-required reporting of the results of such investigations to the Ontario Ministry of Labour, joint health and safety committees or representatives and bargaining units.  
 [Note: At the discretion of the Division, the *Supervisor's Report of Injury/Accident* may also be used to document investigations of other significant incident]; and
4. To enhance accident/disease prevention efforts.

**Reporting Obligations**

**Workplace Safety and Insurance Act Reporting Obligations**

The *Workplace Safety and Insurance Act* (WSIA) requires that workers report a work-related injury or disease to his/her supervisor or employer immediately and complete a *Worker's report of Injury/Disease* (WSIB Form 6). The worker is required to provide a copy of their completed Form 6 to the WSIB and supervisor. The WSIA also requires employers to submit the fully completed Employer's Report of Injury/Disease (WSIB Form 7) to the WSIB within three (3) days of learning about the injury/disease. Late filing or incomplete reporting may result in penalties. While the standard fine at this time is \$250, the maximum fine is \$25,000.

**Occupational Health and Safety Act Reporting Obligations**

The Occupational Health and Safety Act (OHSA) requires that employers notify various parties in the event of critical injuries, occupational illnesses and non-critical injuries as follows:

Type of injury/illness	Report to	Time Frame
<b>Fatalities &amp; Critical injuries</b>	- Ministry of Labour - Bargaining unit representing	Immediately to all parties upon learning of injury

(see definition of critical injury below)	worker - Joint health & safety committee or health and safety representatives	
<b>Occupational illnesses</b>	- Ministry of Labour - Bargaining unit representing worker - Joint health & safety committee or health and safety representative	Within 4 days of learning of illness
<b>Non-critical injuries</b> (resulting in lost time and/or requiring medical aid)	- Ministry of Labour - Bargaining unit representing worker - Joint health & safety committee or health and safety representative	- Only when requested by an inspector - Within 4 days of learning of injury

**Note:** A critical injury is defined in the OHS Act as an injury of a serious nature that:

1. Places life in jeopardy;
2. Produces unconsciousness;
3. Results in a substantial loss of blood;
4. Involves the fracture of a leg or arm but not a finger or toe;
5. Involves the amputation of a leg, arm, hand or foot but not a finger or toe;
6. Consists of burns to a major portion of the body; or
7. Causes the loss of sight in an eye.

In the event of a suspected critical injury, supervisors are encouraged to contact their Human Resource business unit safety or workers' compensation staff for guidance. It is imperative that the Ministry of Labour, joint health and safety committee or health and safety representatives are notified immediately as they have the legal right to conduct their own independent investigations.

The City of Toronto's "*Critical Injury Investigation and Reporting*" and "*Investigation and Reporting of Injuries and Accidents*" policies (which are available on the City's intranet), stipulate that supervisors (not workers) are required to complete and submit the *Supervisor's Report of Injury/Accident* report to Human Resources. Supervisors should not submit forms directly to the WSIB! A *Supervisor's Report of Injury/Accident* must be completed for all injuries/diseases, whether or not medical treatment or lost time is involved.

## **INJURY/DISEASE REPORTING PROCESS**

The immediate supervisor completes the Supervisor's Report of Injury/Accident, following step-by-step guidelines, which follow. A copy of the completed report and the Form 6, if available, are forwarded to Human Resources workers' compensation staff.

Human Resources workers' compensation staff will complete the WSIB Form 7 and follow up with the supervisor if additional information or clarification is needed. Human Resources will forward the Form 7 to the WSIB, if the injury/disease is reportable.

As required by the WSIA, Human Resources will provide the worker with a copy of the Form 7 including any attachments.

Since some information from the Supervisor's Report of Injury/Accident is used to identify accident causation and enhance accident prevention initiatives, the original completed report is forwarded to the next level of supervision for review and signature. The City has a commitment to safety and accident prevention which can only be met if (a) front-line supervisors provide adequate details on every accident and make a serious effort to identify and correct accident causes and (b) senior managers follow up to ensure that appropriate corrective actions are taken.

## **BACKGROUND INFORMATION**

In late 2005, the Workplace Safety and Insurance Board introduced a revised Employer's Report of Injury/Disease (Form 7). This new form requires employers to provide a significant amount of additional information. In order to collect his information, the City has revised its' Supervisor's Report of Injury/Accident. Front-line supervisors are in the best position to provide much of this information.

The City of Toronto's Supervisor's Report of Injury/Accident is a four-page document, divided into sixteen (16) parts. Parts A through H are used primarily in reporting the required information to the WSIB, so that claims for workplace injuries and diseases can be appropriately and expeditiously processed. Part I is used only in the event of recurrences and Parts J through P are used to focus accident prevention efforts. The City of Toronto, as an employer, and its supervisors must be able to demonstrate that every precaution reasonable in the circumstances was taken to protect workers from injury and disease. Effective means of being duly diligent in this area include thorough investigation of accidents and implementation of prevention measures, as needed in response to these investigations.

## **GUIDELINES FOR COMPLETING THE SUPERVISOR'S REPORT OF INJURY/ACCIDENT**

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**Please complete all sections and print legibly!**

In the unnumbered section at the top of the page, check the box(s) that indicate the type of accident.

Check the **lost time** box if the injury/disease being reported by the worker has resulted in any absence from work beyond the day of the accident and which

may result in medical treatment and/or a loss of wages.

Check the **medical aid** box if the worker has received professional services by a health care practitioner (including services provided by or at hospitals, health care facilities including walk-in clinics) but does not result in lost time beyond the day of the accident.

Check the **incident/near miss** box if the worker reported that there was an incident but no injury. E.g.: The worker slipped on a wet floor but did not suffer any injury.

Check the **first aid** box if the worker suffered a minor injury and the only treatment provided was first aid at the workplace.

Check the **property damage** box if the worker reported an accident that results in damage to City facilities, equipment, tools or vehicles.

Check the **critical injury** box if the injury meets the definition of critical injury under the Occupational Health and Safety Act (see above).

Check the **recurrence** box if this injury/disease is a recurrence of a previous WSIB claim. If this is a recurrence, complete the entire form including section I – Recurrence.

The remainder of these guidelines specifies the type of information required for each numbered question. Please answer each question as fully as possible. Incomplete forms may result in delays in workers receiving benefits, overpayments or penalties to the City.

## **Part A – Employee Personal Identification**

### **Last Name**

Print in capital letters, the worker's surname (last name). Ensure that the spelling is correct, as otherwise the WSIB may open a duplicate claim when they receive the physician's report with a differently spelled name.

### **First Name**

Print in capital letters, the worker's first name (given name). Ensure that the spelling is correct, and that the name shown is the same name as that in the City's payroll records, rather than the name the workers goes by everyday with co-workers. Again, more than one version of a worker's name may confuse the WSIB. If a worker has a nickname that everyone uses, it would be helpful to include this in brackets ( ).

### **Employee Number**

In this space enter the worker's City-specific employee reference number.

### **Gender**

Check the box to indicate male or female.

### **Employee Home Address**

Enter the worker's full home address including street name and number, apartment number, city, province, postal code and telephone number including area code. This address is important as workers do not always inform payroll of address changes.

## **Part B – Incident Dates and Details**

### 1.1 Date and hour of accident/awareness of disease:

Enter the date and time the accident occurred. This may be a specific date/time such as in the case of an accident like a slip and fall; or it may be the date/time when a worker states he/she first started to notice a problem as in a repetitive strain injury.

### 1.2 Date and hour reported to employer:

Enter the date and time that the worker first reported the accident to an employer representative. This might be a first aid attendant, nurse, immediate supervisor (including lead hands or crew leaders) or other employer official.

### 2. Who was the accident/injury/disease reported to?

Enter the first and last name of the employer representative to whom the worker first reported, including their title.

### 3. Where the above dates differ, provide explanation

If the accident was not reported within the same shift, indicate the reason for the delay.

### 4. Position at time of injury:

Check the box to indicate at the time of injury/disease whether the worker was in their base position, ARR (alternate rate as required) or ARC (alternate rate continuous). If ARC, indicate the date the worker started. This information is important to ensure the worker receives the appropriate benefits from the WSIB.

### 5. Years in job at time of injury:

Enter the approximate number of years the worker has been performing this specific job – not the number of years they have been employed.

### 6. Was the accident/injury:

Check the box that best described how the accident/injury/disease occurred. Gradually occurring over time should be checked if the worker is reporting a repetitive strain injury and is unable to recall an exact date and time when the injury/condition or pain started. Occupational disease should be checked for incidents involving exposure to communicable diseases as well as for illnesses resulting from exposures to chemical, biological or physical substances/agents in the workplace.

### 7. Type of accident/injury:

Check the box(es) that best describe how the accident occurred.

8. Injured body part:

Check the box(s) that indicate the part(s) of the body that were injured. For upper and lower extremities, indicate left and/or right. If the part of the body injured is not listed, check other and include an explanation.

9.1 Describe what happened to cause the accident/injury:

Because the task the worker was performing, the activity undertaken by the worker and the injury are often interrelated, this question will be most appropriately answered if the supervisor provides information on all three in his/her description. Responses to this question should describe the circumstances leading up to the injury, in a manner that permits anyone reading the report to 'picture' exactly what happened. In other words it should provide a brief story.

Example 1: Worker was cutting grass using a triplex (task), the triplex stopped abruptly when the front tire encountered a sink hole (activity) and the worker complained of sharp pain in his lower back (injury).

Example 2: Worker was collecting glass and tin from curbside blue boxes (task). While exiting the truck, he slipped on the step (activity), twisted his right knee (injury) and landed on the roadway.

9.2 Describe the specific task the worker was doing at the time of the injury:

The worker's job assignment (task) at the time of injury is recorded here. This is not the same as the worker's job title.

Example 1: If a worker was assigned to collect garbage and slipped on ice, "garbage collection" should be entered as the task.

Example 2: "Typing" should be entered for workers who report repetitive strain problems related to keyboarding.

9.3 Describe the equipment, tools and machinery the worker was using when injured:

Describe the type of equipment, whether it was a tool, vehicle or piece of machinery. If possible include the make, model and year of manufacture. Describe its size if possible.

Example 1: 2004 Dewalt double bevel compound sliding mitre saw.

Example 2: 1998 Ford F150 pickup truck with powered tailgate.

9.4 Describe the physical condition at the time of the injury:

In this section, state the environmental or workplace conditions such as hot/humid, cold, raining, noisy, dim or bright, slippery floor, congested workspace, chemical fumes, etc.

9.5 Describe the nature of the injury:

To the best of your ability describe the injury. If the injury was a laceration indicate approximately how long it was and where. If it was a burn, indicate the type of burn (thermal, chemical or electrical) and approximately the size and location.

Example: Large laceration of the right palm extending approximately 3 inches from the base of the index finger to the base of the hand.

10. Is this one of the worker's regular tasks?

Do not leave this blank. Indicate if the activity the worker was performing at the time of injury was part of the worker's required work duties. If the worker suffered an injury while performing a personal activity that is not part of the worker's required duties, also indicate that.

11. How often does the worker perform this task?

The average frequency with which the worker performed the task at the time of injury is recorded here. Check the box that best describes the frequency. Information with respect to the seasonality of the job is also recorded. The WSIB uses this information to determine compatibility for repetitive strain injuries.

12. Did the accident/injury happen on the employer's premises?

Check the appropriate box. Employer's premises including premises the City owns, rents, leases or maintains. In the second space, enter the exact location where the accident occurred. If the accident occurred on a city street indicate the approximate address or intersection. If the accident occurred within a facility, include its address as well as the part of the facility where it occurred.

Example 1: On the street in front of 1234 Main St .

Example 2: On the east side of Main St. , 100 metres south of the intersection of Danforth Av.

Example 3: In the resident's bedroom on 4S at Cummer Lodge HFA, 200 Cummer Av.

Example 4: in the P2 level of the parking garage at Metro Hall, 55 John St

13. Did the accident/injury happen outside Ontario?

Check the appropriate box. If, yes indicate where (city, province/state and country). If the accident occurred outside of Ontario , the worker may have a choice of claiming benefits either in Ontario or in the jurisdiction where it happened.

14. Are you aware of any witnesses or other employees involved in this accident/injury?

Both the Workplace Safety and Insurance Act and the Occupational Health and Safety Act require that identified witnesses (including co-workers) be reported.

Witnesses not only include those who are 'eye witnesses' but those who may have information pertaining to the accident. Witnesses may be contacted by either agency to clarify or substantiate details of the accident. If you identified witnesses include their full name, address and telephone numbers. If the witness is a co-worker include their position.

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### **Part B – Incident Dates and Details (continued)**

15. Was anyone not working for the City of Toronto partially or totally responsible for this accident or injury?

A yes answer to this question flags third party claims. If yes provide the persons name and telephone number. Include a company if name if known. A worker who is injured as a result of the negligence of someone other than the City of Toronto or its workers has the right to take legal action instead of claiming WSIB benefits. If a third part was responsible, the WSIB will send the worker a Notice of Election form.

16. Are you aware of any prior similar or related problems, injury or condition?

Check yes if you are aware that the worker has had any prior similar problems, injuries or conditions that may be related or contributing to the worker's current injury/condition.

Example 1: If the worker claims they have injured their lower back as a result of lifting and you are aware they have a previous WSIB claim for a lower back injury, provide the claim number.

Example 2: If the worker is claiming a receptive strain injury of the right hand and you are aware that they have reported similar hand complaints due to a recreational activity, provide this information.

17. If you have concerns about this claim, attach a written submission to this form:

If a worker reports an injury or disease that they claim was the result of their work, the City has a legal obligation to report this to the WSIB. If the City has any concern respecting the claim, it has the right to advise the WSIB of its concerns.

Check the box if a letter or other document is attached to the Form 7.

Note: If a letter or document is sent to the WSIB with the Form 7, they are considered part of the Form 7, and a copy is to be provided to the worker.

18. For TFS Only:

For accidents within Toronto Fire Services, provide the incident number, shift number, station number, platoon and apparatus.

19. For TEMS Only:



For accidents within Toronto Emergency Medical Services, provide the run number and battalion.

20. For Homes for the Aged Only:

For accidents within Toronto Homes for the Aged division, check the box to indicate whether the accident was caused by lifting, transferring, repositioning a resident or not applicable.

21. Were the following provided to the injured worker?

Check the appropriate box(s) to indicate if the identified forms were provided to the worker.

*Worker's report of Injury/Disease* (Form 6) is an official WSIB document that workers must complete and return to the WSIB to qualify for benefits. Workers must also provide a copy to their supervisor.

The Job Demands Analysis (JDA) is a document that may be available to provide the worker's physician with the physical requirements of their job. This can be used by the physician in determining physical restrictions.

The Health Professional's Report (Local 79) is a form that must be sent with the worker when they seek medical aid. It is to be completed by the physician and returned to the worker's supervisor as soon as possible. The form will provide the supervisor with any restrictions or limitations the worker may have as the result of the injury/disease. This form is used only for workers who are members of Local 79.

The Return to Work form is the same as the above form but is all City employees except members of C.U.P.E. local 79 and T.P.F.F.A. local 3888.

## **Part C – Health Care**

1. When was the worker first treated for this injury?

Provide the date that the worker first sought professional medical treatment for the injury.

2. When did you learn that the worker received or is going to receive health care?

Provide the date that you were first aware that the worker was receiving professional medical care. This date is important because it is the date from which the City's legal obligation to report starts.

3. Where was the worker treated for this injury?

Check the box(es) that indicate where the worker received health care. Check all that apply.

On-site health care refers to any health care provided at the workplace or worksite by a health professional such as a nurse.

Clinic includes a walk-in clinic.

4. Health professional or facility who treated this worker (if known):

Provide the name, address and telephone number of the health care facility where the worker first was treated, whether it was an emergency department of a hospital, physicians or chiropractor's office or walk-in clinic.

## Part D – Lost Time/No Lost Time

1. Check only one (1) of the three boxes in this section: (This information refers to the worker's status on the day following the injury)

- Returned to his/her **regular job** and **has not** lost any time and/or earnings: In this situation, the worker has returned to work and continued to perform his or her regular job duties without requiring any changes or accommodations to the work or workplace. The worker has not lost any time from work beyond the day of accident/illness and there has been no reduction or change in wages or earnings.
- Returned to **modified work** and **has not** lost any time and/or earnings: In this situation, the worker has returned to work after the day of accident/illness. Changes or accommodations were required to the work or workplace in order for the return to work to occur. The worker may be continuing with modified work or following a period of modified work, is now back to his/her regular job/work duties. The worker has not lost any time from work beyond the day of accident/illness and there has been no reduction or change in wages or earnings. This situation also includes any temporary changes, alterations or modifications to the worker's shifts or schedule.
- **Has** lost time and/or earnings. If the worker has lost time provide the date the worker first lost time from work. This is typically, although not always, the day following the accident/illness. Check this box if any of the following apply:
  - The worker is absent from work beyond the day of the accident/illness. This absence may be for part of a day, an entire day or more. This includes an absence for a medical appointment or health care treatment for the injury. The worker may have returned to work after the injury.
  - The worker has experienced a reduction in earnings. This reduction may be the result of working at a lower paying job, losing a shift premium or overtime.
  - The worker is losing time from work, but the City continues to pay the worker.
  - The worker returned to work but was unable to continue.

2. This lost time – no lost time was confirmed by:

This is typically the name and title of the immediate supervisor who is

confirming the above information.

3. Does the employee have concurrent employment?

To your knowledge is the worker employed by another employer. E.g. does the worker have a part time job with a different employer?

4. Is the worker a shift worker?

Check the appropriate box.

- If the worker is a shift worker, indicate the date and time when the worker was scheduled to start their next shift:

## **Part E – Return to Work**

1. Have you been provided with limitations for this worker's injury?

Following health care, the worker may require work/task modifications due to the injury/illness. Check this box "Yes" if you have been provided any limitations from the health care professional.

2. Are you able to offer modified work to this worker?

Check this appropriate box if you can or cannot provide modified work based on the limitations or modifications provided.

- Has modified work been discussed and offered to this worker?

Check the appropriate box if there has been a discussion about return to work with the worker. This discussion can include any work/task limitations, changes to job duties, accommodations or other options to facilitate return to work. If no discussion about return to work has taken place, you should arrange with the worker to do so.

If there was a formal discussion with the worker, check the box to indicate whether the worker has accepted or declined the offer.

If the worker declined the modified work, attach a copy of the written offer to this report and forward to Human Resources.

- Supervisor responsible for arranging the worker's return to work:

Enter the name, title and telephone number of the supervisor responsible for arranging the worker's return to work.

## **Part F – Base Wage/Employment Information**

1. Is this worker:

Check the box that accurately describes the worker's employment status. Refer to the following definitions.

- Permanent (Full-time or part-time): Worker is hired to work 52 weeks a year with no seasonal or cyclical layoffs. The worker has no set termination date. The worker has a set number of hours worked per week.
- Temporary (Full-time or part-time): The worker has a set number of hours of work per week, and
  - Is hired for a specific period of time, or
  - Has a termination notice (e.g. contract workers), or
  - Is hired for a temporary period through a union hall or agency, or
  - Has no guarantee of ongoing employment.
- Casual/Irregular: This is when a worker has no set schedule or hours of work. This includes “on-call” workers.
- Seasonal: Seasonal or cyclical workers are employees hired to work for certain times of the year with periods of expected layoffs. E.g. Parks workers hired only for the summer or Transportation workers hired only for the winter snow period.
- Unpaid/Trainee: Individuals who are placed by a training agency (Goodwill, March of Dimes, Ontario Works) with a host employer to obtain skills and experience but are not paid by that employer.
- Optional Insurance: Very few City employees have optional insurance. Those who might include council members.
- Registered Apprentice: An apprentice is a person registered under the Trades Qualifications and Apprenticeship Act (specified construction trades) or the Apprenticeship and Certification Act (all other trades), who has signed a contract of apprenticeship for training and instruction in a trade, through or from an employer.
- Sub-Contractor: Individuals who are contracted or commissioned to do work and perform the work personally.

## 2. Regular rate of Pay:

Provide the worker’s normal/regular gross rate of pay at the time of the accident/illness here. This **should not** include any bonuses, premiums, differentials, etc. (e.g. \$9.00 per hour; \$450.00 per week).

- Usual number of pay hours per week:

Identify the usual number of hours for which the worker is paid each week. For many City employees, although not all, this will be 35 or 40 hours per week.

## **Part G – Additional Wage Information**

### 1. Vacation pay on each cheque?

Check the box to indicate if the worker receives vacation pay on each cheque. If they do, indicate the percentage of the vacation pay.

- Date and hour last worked:

Indicate the date and time the worker last worked before they lost time because of the accident/illness.

- Normal working hours on last day worked:

Enter the worker's normal start and finish time on the last day worked.

- Date and hour returned to work (if known)

If the worker returned to work before the *Supervisor's Report of Injury/Accident* was submitted, enter the date and time the worker returned to work.

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- A. Has the worker worked any overtime in the last 4 weeks prior to the injury?

Check the box to indicate yes or no.

- B. Has the worker earned shift bonuses in the last 4 weeks prior to the injury?

Check the box to indicate yes or no.

- C. Has the employee earned "Vacation Savings Pay" (VSP) in the last 4 weeks prior to the injury?

Check the box to indicate yes or no

- D. Has the employee earned "Stand By Pay" in the last 4 weeks prior to the injury?

Check the box to indicate yes or no.

- E. Has the employee earned "Call in Pay" in the last 4 weeks prior to the injury?

Check the box to indicate yes or no.

- F. Has the employee earned any other premium pay in the last 4 weeks prior to the injury?

Explain (statutory holiday, acting captain's rate, acting supervisor rate, quarter pay, etc.)

Check the box to indicate yes or no.

### **Part H – Work Schedule**

In this section, the supervisor will complete only A or B or C.

- A. For workers who work a regular schedule, indicate the normal workdays and hours.

Example 1: Worker works 8 hours per day, Monday to Friday.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
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	8	8	8	8	8	

Example 2: The worker works 10 hours per day, Monday to Thursday.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	10	10	10	10		

Example 3: Worker works part-time, on the same days week after week.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6	6					6

B. For workers who work repeating rotational shift workers.

If this worker's shift rotation repeats according to a set schedule, provide it in section B. If the rotation cannot be captured by this design, provide the rotation pattern on a separate sheet as an attachment to the Form 7

Example 1:

Number of Days ON	4	Number of Days Off	4	Hours Per Shift(s)	12	Number of Weeks in Cycle	8

Example 2:

Number of Days ON	21	Number of Days Off	7	Hours Per Shift(s)	8	Number of Weeks in Cycle	4

C. For workers whose work schedule changes from day-to-day, week-to-week, etc.

For the 4-week period prior to the accident/illness, provide the from/to dates, total hours worked and total shifts worked. Do not include overtime!

Example:

	Week 1	Week 2	Week 3	Week 4
From/to dates (dd/mmm/yy)	24/Apr/05– 30/Apr/05	17/Apr/05– 23/Apr/05	10/Apr/05– 16/Apr/05	03/Apr/05– 09/Apr/05
Total regular hours worked	12	21	9	5
Total shifts worked	2	4	2	1

### Part I – Recurrence

Note: Only complete this part if the worker is claiming a recurrence of a previous injury/illness. Also complete all other parts.

1. Describe the circumstances of the recurrence of disability as reported by the worker. If the condition gradually worsened over a period of time, describe the progress of the condition and complaints from the time of original injury up to the date of recurrence.

Example 1: A worker sustained a back injury and returned to work. Two weeks later, due to pain, the worker laid off work again.

Example 2: The same worker commented to a co-worker that he was in pain due to his back injury.

2. If the worker complained to fellow workers, give details below.

Provide the name of the co-worker to whom the worker complained, including the date of the complaint and the nature of the complaint.

3. Following the original injury was the worker disabled or in any way limited in performing his/her usual duties?

After returning to work from the original injury, indicate if the worker was on reduced hours or modified duties.

4. If another injury at work or elsewhere caused the recurrence, give details.

Following the original injury, indicate if the worker performed a specific task (e.g. picking up a box) which exacerbated the back pain, or if a non-work related condition or incident contributed to the exacerbation.

### Part J – Vehicle/Equipment/Apparatus

1. Did any vehicle, equipment or apparatus contribute to the injury?

Often, a vehicle, piece of equipment or apparatus with which a worker works contributes to an injury, either directly or indirectly. In some

accidents, a particular part or component is more directly a contributor (e.g. step dimensions or height, inadequate guarding). It is important to identify these circumstances, so that appropriate corrective action can be identified and taken. Before continuing with this section, the supervisor should consider the following types of questions:

- Did the design of the vehicle, equipment or apparatus contribute to the accident? (Were the steps poorly placed, was the handrail too far away, was the tailgate on the truck too high?)
- Was the equipment appropriate for the task (was the dolly too small for the object being carried?)
- Would additional equipment make it easier to do the job safely?

If yes, provide information on the type of vehicle/equipment/apparatus (e.g. refuse packer, van street flusher, chain saw, drill press, table saw, pumper, aerial truck) as well as the manufacturer's name and model number and year of manufacture, if known (e.g. 1890, Rockwell table saw, model # 774). Most vehicles and equipment in the City have some type of identification.

If a particular part or component of the vehicle, equipment or apparatus contributed to the injury, information should be provided in the "Comments" space (e.g. seat suspension is poor, steps are too narrow, tailgate is too high, table saw is unguarded or guard is poorly located). On certain occasions, the supervisor may note that several employees have been injured when operating a particular piece of equipment. If so, a comment to that effect should be provided (e.g. third employee this month to report back pain when operating this equipment).

2. Was the worker trained to use/or operate this equipment?

Often, training in safe operating procedures for a particular vehicle, apparatus or equipment is required. On other occasions, the supervisor is aware that such training would minimize the likelihood of accidents. The training may have been provided by Fleet Services, the equipment supplier, occupational health and safety staff or the supervisor.

If yes, provide date last trained (if available). At the time the injury report is completed, this information may not be readily accessible to the supervisor. If this is the case, the supervisor should follow up and obtain training records, such that this information is available if a safety representative contacts them. Training records will be crucial in establishing due diligence, should the Ministry of Labour investigate. Also included in the answer should be a description of who conducted the training (e.g. 27/10/05 – Fleet Services or 18/02/05 – Bob Smith, HR Health and Safety Consultant).

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**Part K – Manual Material Handling/Handling of Persons**

1. Did the handling of materials (bags, boxes, lumber, etc) or persons (adults/children) contribute to the injury? If yes list item handled:

Many jobs performed by City employees involve a great deal of manual material handling (e.g. lifting, carrying, pushing, digging, etc) and/or



caring for, moving and handling of children or adults (e.g. at child care centres, homes for the aged, in ambulances). These activities often contribute to accidents and injuries. In an effort to minimize or eliminate injuries of this kind, the supervisor should investigate whether the handling of materials or persons contributed to the injury.

If the answer to this question is yes, provide a description of the item handled including the weight and size.

2. Can you suggest any changes in work procedures, tools or equipment which could have prevented this accident?

Please answer "Yes" or "No", do not leave blank. The injury may emphasize the need for changes to current work procedures, or the need for more appropriate equipment. If you answer yes, describe in section P, question 3.

## **Part L – Chemicals**

1. Did the use of chemicals contribute to the injury?

There are several different ways that chemical use may contribute to an injury, including:

- A corrosive or irritating chemical may be splashed in the eyes or on the skin during handling or use (e.g. when pouring from one container to another).
- An employee using a chemical in a confined or poorly ventilated area may inhale quantities of a chemical and become ill.
- Improper storage of a flammable liquid or gas may cause a fire or explosion and result in employee injury

If the answer to this question is yes, provide the name of the chemical. Whenever possible, the product and supplier names should be provided (e.g. Glidden yellow spray paint # 723).

Was the product labelled?

Was the product container labelled with an appropriate supplier label or workplace label, which provided adequate safe use instructions to the worker.

Is a material safety data sheet (MSDS) available for this product?

If yes, attach a copy of the MSDS with this report. Ensure that the MSDS is newer than three years and that it is readily available to workers.

Was the worker trained to use this product?

Check the appropriate box to indicate if this worker received both generic and product specific WHMIS training. If yes, indicate the date the worker last received training. If no, the supervisor should immediately arrange for the worker to receive training. If no, the supervisor should check the training records of other employees to confirm they are competent to use the product.

## **Part M – Environmental Conditions**

1. Did the condition of the physical surroundings (e.g. weather, poor housekeeping) contribute to the injury?

Numerous types of physical conditions may directly or indirectly contribute to accidents and injuries, including:

- Noise (e.g. noise may have prevented the worker from hearing a warning signal).
- Poor lighting (e.g. worker may have tripped on equipment in a poorly lit area).
- Poor housekeeping (e.g. worker may have tripped over boxes which were left in an aisle).
- Weather (e.g. worker suffered heat stroke after working for a prolonged period in high temperature/humid conditions)

Identify which physical condition(s) contributed to the injury and explain how they contributed (e.g. cold weather caused the garage steps to ice. No salt had been applied and the worker slipped and fell).

## **Part N – Personal Protective Equipment**

1. Was the protective equipment, which should have prevented this injury, worn or used at the time of injury?

Personal protective equipment (e.g. safety boots, gloves, respirators, coveralls, ear muffs, fall protection harnesses) is often required to prevent workers from being exposed to hazardous materials or conditions. If such equipment was not available; had not been provided; or was provided but not being worn or used by the worker, record here.

If the answer is yes, indicate what type of personal protective equipment was worn or used by the worker.

Provide information with respect to the condition of equipment that was used or worn. (e.g. did it fit properly, was it the correct type).

## **Part O – Work Practices**

1. Are written work procedures outlining how this task can be performed available?

Due to the complexity of some work operations and/or the hazards associated with some work operations, written safe work procedures may be needed.

Check the yes/no box to indicate if procedures are available.

Check the yes/no box to indicate if the procedures had been clearly communicated to the worker.

If there are no procedures, check the yes/no box to indicate if procedures should be developed. Check the yes/no box to indicate if job/task hazard analysis has been completed for the job/task.

## **Part P – Accident Prevention**

1. What do you think were the immediate and root causes of this accident? (Consider conditions/unsafe acts, personal/job factors, equipment and job design, preventative maintenance)

At this point of the Supervisor's Report of Injury/Accident, the supervisor will have considered and answered questions dealing with many factors which may have contributed to, or caused, the accident. If deficiencies in one or several of these areas have been identified, the supervisor should summarize how these deficiencies may have caused the accident. If, however, the supervisor thinks that other factors not yet identified caused the accident, these factors should be clearly stated here. The key is to prevent another worker from being injured by the same cause.

The immediate causes of an accident are the circumstances that immediately precede the contact. They can usually be seen or sensed. Immediate causes are frequently referred to as "unsafe (substandard) acts" or "unsafe (substandard) conditions".

Examples of unsafe acts include:

- Operating equipment without authority
- Failure to secure
- Making a safety device inoperable
- Failing to use/wear assigned personal protective equipment
- Improper lifting
- Horseplay

Examples of unsafe conditions include:

- Inadequate guards
- Defective tools or equipment
- Poor housekeeping
- Inadequate ventilation
- Improper workstation design

Root causes are the systemic or real cause behind accidents; the reasons why the unsafe acts or conditions were permitted to go unchecked. These root causes are the factors that, when identified, permit meaningful management control and demonstrate due diligence. There are two categories of root causes; personal factors and job factors (work environment).

Examples of personal factors include:

- Worker not physically or physiologically capable to perform work
- Worker does not have the knowledge to perform the work
- Worker does not have the skill to perform the work
- Stress
- Lack of motivation

Examples of job factors (work environment) include:

- Inadequate leadership or supervision
- Inadequate engineering
- Inadequate purchasing
- Inadequate maintenance
- Inadequate tools, equipment or vehicles
- Inadequate work standards

The supervisor must ask himself what are the underlying reasons that permit the root causes to exist. Many of these root causes are systemic

to the division or corporation. If an accident was the result of a worker not following a safe work procedure, the supervisor should be asking:

- Is there a safe work procedure in place
- Was the procedure developed in conjunction or with buy-in from workers and the joint health and safety committee
- Have all workers been properly trained in the procedure
- Do workers understand the consequence of not following the procedure
  
- Has the procedure been updated recently
- Is the procedure enforced by supervisors

In addition to immediate and root causes, supervisors should also consider how the following 5 factors contributed to the accident:

1. Human factors
2. Equipment factors
3. Material factors
4. Environmental factors
5. Process factors

2. What actions have you taken or do you plan to take to prevent a future accident of this type? When? (Date)

Use this section to describe action(s) you have already taken or intend to take to prevent a similar accident occurring in the future. For example, if defective equipment caused the injury, it should be taken out of service immediately.

Example: Stake truck is missing ladder/steps for access to tarpaulin cover. Vehicle removed from service, pending installation of steps. Other stake trucks to be inspected.

The focus here is on addressing immediate hazards over which the supervisor has control, and actions which have been initiated for the immediate future.

In addition to identifying corrective actions already taken or to be taken in the future, the date the actions were taken or will be taken should be provided as it allows for follow up of the actions in an appropriate time frame.

3. What other actions could be taken and by whom?

Often, the front-line supervisor is aware of actions which must be taken to prevent future accidents, but does not have immediate control over the situation. S/he recognizes, however, that actions by others are required to implement change. For example, the height of the steps on a particular vehicle should be referred to Fleet Management as well as Purchasing and Materials Management; physical building changes should be referred to building management; training requests should be referred to divisional or business unit health and safety staff, etc.

Examples: Fleet Management should review all stake trucks to see if a similar problem exists on other vehicles.  
Joint health and safety committee should review need for windows to

enhance visibility on doors to and from all busy areas

**Form Completed by:**

1. The supervisor completing the form must clearly print their name, title, date and telephone number and also provide their signature in the allocated space.
2. The next level of supervision (typically a manager) should also print their name, title, date and telephone number along with their signature, indicating they have reviewed the accident details.

Approved by

Date Approved

December 1, 2005