REGINA | City of Regina

# WORKPLACE INJURY REPORT

## PRINT ALL INFORMATION CLEARLY AND IN DETAIL

## PART 1 - TO BE COMPLETED BY IMMEDIATE SUPERVISOR & EMPLOYEE REF #: _____

| EMPLOYEE NAME IN FULL | EMPLOYEE POSITION (INDICATE IF ACTING) | EMPLOYEE ID | ☐ PERMANENT ☐ CASUAL |
|---|---|---|---|
| IMMEDIATE SUPERVISOR'S NAME | REPORTED TO | WITNESSES | |
| CLASSIFICATION OF INJURY: ☐ TIME LOST ☐ MEDICAL AID ☐ UNTREATED/FIRST AID | WAS MEDICAL ATTENTION REQUIRED? IF YES, PROVIDE MEDICAL CERTIFICATE/EMPLOYEE ABSENCE FROM WORK FORM ☐ NO ☐ YES | IF YES, PROVIDE NAME OF PHYSICIAN AND/OR MEDICAL CENTRE | |

| INJURY DATE DD / MM / YY | TIME OF INJURY HR/MIN | DATE REPORTED DD / MM / YY | IF NOT REPORTED ON INJURY DATE PROVIDE EXPLANATION: |
|---|---|---|---|
| WHERE DID THE INJURY OCCUR? (STREET OR BUILDING LOCATION) | | | |

## PART 2 - TO BE COMPLETED BY EMPLOYEE

DETAILED DESCRIPTION OF INCIDENT/INJURY:

## BODY PART INJURED CHECK ALL BODY PARTS INJURED, CIRCLE RT/LT

| | | | | |
|---|---|---|---|---|
| 01 ☐ HEAD | 07 ☐ TEETH | 13 ☐ ABDOMEN | 19 ☐ HAND RT/LT | 25 ☐ ANKLE RT/LT |
| 02 ☐ FACE | 08 ☐ GLASSES/CONTACTS | 14 ☐ INTERNAL | 20 ☐ BACK UP/LO/MID | 26 ☐ FOOT RT/LT |
| 03 ☐ EYE RT/LT | 09 ☐ NECK | 15 ☐ SHOULDER RT/LT | 21 ☐ HIP RT/LT | 27 ☐ PSYCHOLOGICAL |
| 04 ☐ NOSE | 10 ☐ CHEST | 16 ☐ ARM RT/LT | 22 ☐ GROIN | 28 ☐ OTHER (SPECIFY) |
| 05 ☐ EAR RT/LT | 11 ☐ LUNGS | 17 ☐ ELBOW RT/LT | 23 ☐ LEG RT/LT | _____ |
| 06 ☐ JAW/MOUTH | 12 ☐ RIBS | 18 ☐ WRIST RT/LT | 24 ☐ KNEE RT/LT | |

## TYPE OF INJURY CHECK AS REQUIRED

| | | | | |
|---|---|---|---|---|
| 01 ☐ ALLERGIC REACTION | 05 ☐ CONCUSSION | 09 ☐ FRACTURE/DISLOCATION | 13 ☐ PSYCHOLOGICAL | 17 ☐ TENDONITIS |
| 02 ☐ BITE/STING | 06 ☐ CUT PUNCTURE | 10 ☐ HERNIA | 14 ☐ RASH DERMATITIS | 18 ☐ WHIPLASH |
| 03 ☐ BRUISE CONTUSION | 07 ☐ EXPOSURE TO BODILY FLUIDS | 11 ☐ INHALATION/INGESTION | 15 ☐ REPETITIVE STRAIN | 19 ☐ OTHER (SPECIFY) |
| 04 ☐ BURN | 08 ☐ FOREIGN BODY (EYE) | 12 ☐ NEEDLESTICK | 16 ☐ SPRAIN/STRAIN | _____ |

## PART 3 - TO BE COMPLETED BY SUPERVISOR & DISCUSSED WITH EMPLOYEE

**RETURN TO WORK**

ARE ALTERNATE DUTIES AVAILABLE? ☐ YES ☐ NO

IF YES, ☐ SEDENTARY (DESK WORK)

☐ MODIFIED DUTIES (HOURS OF WORK, JOB BUNDLING, MINIMAL LIFTING < 5LBS, STANDING, SITTING, WALKING, ETC)

| EMPLOYEE SIGNATURE | DATE | SUPERVISOR SIGNATURE |
|---|---|---|

Version updated April 10

WHITE - HUMAN RESOURCES | CANARY - DEPARTMENT | PINK - OH & S COMMITTEE

## ANALYSIS WHAT ACTS, FAILURE TO ACT OR CONDITIONS CONTRIBUTED TO THIS WORKING INJURY?

TO BE COMPLETED BY SUPERVISOR AND EMPLOYEE:

SEVERITY POTENTIAL: ☐ MAJOR ☐ SERIOUS ☐ MINOR

FREQUENCY POTENTIAL: ☐ FREQUENT ☐ OCCASIONAL ☐ RARE

## CAUSE CHECKLIST (TO BE FILLED OUT BY SUPERVISOR AND EMPLOYEE)

### SUBSTANDARD ACTS/PRACTICES

01 ☐ OPERATING EQUIPMENT WITHOUT AUTHORITY
02 ☐ FAILURE TO WARN
03 ☐ FAILURE TO SECURE
04 ☐ OPERATING AT IMPROPER SPEED
05 ☐ FAILURE TO FOLLOW PROCEDURES
06 ☐ REMOVING OR MAKING SAFETY DEVICES INOPERABLE
07 ☐ USING DEFECTIVE EQUIPMENT
08 ☐ USING EQUIPMENT IMPROPERLY
09 ☐ FAILING TO USE PERSONAL PROTECTIVE EQUIPMENT PROPERLY
10 ☐ IMPROPER LOADING
11 ☐ IMPROPER PLACEMENT
12 ☐ IMPROPER LIFTING
13 ☐ IMPROPER POSITION
14 ☐ SERVICING EQUIPMENT IN OPERATION
15 ☐ HORSEPLAY
16 ☐ UNDER INFLUENCE OF ALCOHOL OR DRUGS

### SUBSTANDARD CONDITIONS

01 ☐ INADEQUATE GUARDS OR BARRIERS
02 ☐ INADEQUATE OR IMPROPER PROTECTIVE EQUIPMENT
03 ☐ DEFECTIVE TOOLS, EQUIPMENT OR MATERIAL
04 ☐ CONGESTION OR RESTRICTED ACTION
05 ☐ INADEQUATE WARNING SYSTEM
06 ☐ FIRE AND EXPLOSION HAZARDS
07 ☐ POOR HOUSEKEEPING; DISORDER
08 ☐ HAZARDOUS ENVIRONMENTAL CONDITIONS; GASES, DUSTS, SMOKES, FUMES, VAPORS
09 ☐ NOISE EXPOSURES
10 ☐ RADIATION EXPOSURE
11 ☐ HIGH OR LOW TEMPERATURE
12 ☐ INADEQUATE OR EXCESS ILLUMINATION
13 ☐ INADEQUATE VENTILATION

### TYPE OF CONTACT

01 ☐ STRUCK AGAINST
02 ☐ STRUCK BY
03 ☐ CAUGHT IN
04 ☐ CAUGHT ON
05 ☐ CAUGHT BETWEEN
06 ☐ SLIP
07 ☐ FALL ON SAME LEVEL
08 ☐ FALL TO BELOW
09 ☐ OVEREXTENSION

### PERSONAL FACTORS

01 ☐ INADEQUATE CAPABILITY
02 ☐ LACK KNOWLEDGE/EXPERIENCE
03 ☐ LACK OF SKILL
04 ☐ STRESS
05 ☐ IMPROPER MOTIVATION
06 ☐ LACK OF TRAINING
07 ☐ INATTENTIVENESS

### JOB/SYSTEM FACTORS

01 ☐ INADEQUATE LEADERSHIP
02 ☐ SUPERVISION
03 ☐ INADEQUATE ENGINEERING
04 ☐ INADEQUATE PURCHASING
05 ☐ INADEQUATE MAINTENANCE
06 ☐ INADEQUATE TOOLS/EQUIPMENT
07 ☐ INADEQUATE WORK STANDARDS
08 ☐ WEAR AND TEAR
09 ☐ ABUSE & MISUSE

### CONTACT WITH

01 ☐ ELECTRICITY
02 ☐ HEAT
03 ☐ COLD
04 ☐ RADIATION
05 ☐ CAUSTICS
06 ☐ NOISE
07 ☐ TOXIC OR NOXIOUS SUBSTANCE

## PREVENTION

WHAT MEASURES HAVE BEEN TAKEN TO MINIMIZE THE RISK OF SIMILAR INCIDENTS FROM OCCURING IN THE FUTURE? FOR EXAMPLE:

- has the hazard been removed and/or controlled?
- has this incident been discussed with other co-workers?
- have safe operating procedures (sop's) been created/amended?

TO BE COMPLETED BY SUPERVISOR:

## MANAGER'S COMMENTS

SIGNATURE

DATE

## HUMAN RESOURCES CONSULTANT - DIVISIONAL SAFETY'S COMMENTS

SIGNATURE

DATE

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