

**UFCC FORM****SUPERVISOR INCIDENT REPORT****Umbrella Family
and Child Centres
of Hamilton***To be completed by Supervisor within 24 hours of incident. Page 1 of 2.***TYPE OF INCIDENT (CHECK ALL THAT APPLY)**☐ Near Miss ☐ Incident ☐ Medical Aid ☐ Lost Time/Injury ☐ Other:**INJURED PERSON**

Name:	Centre:	Job Title:	D.O.B.:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other
Home Phone:	Cell Phone:	Home Address:		

INCIDENT INFORMATION

Name and address of site where incident occurred:		
Location where incident occurred:		
Date of Incident (yyyy-mm-dd):	Time incident occurred: _____ <input type="checkbox"/> am <input type="checkbox"/> pm	On the day of injury how many hours were worked? _____
<input type="checkbox"/> Y <input type="checkbox"/> N	Did the incident occur on premises?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Were the employee's actions at the time of injury for the purpose of Umbrella business?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Did the employee receive first aid treatment? If yes, date of First Aid Record: _____	
<input type="checkbox"/> Y <input type="checkbox"/> N	Did the employee receive (or intends to seek) treatment by a qualified medical practitioner?	
<input type="checkbox"/> Y <input type="checkbox"/> N	Will the employee be away from work beyond the date of injury?	
Was the accident/injury: <input type="checkbox"/> Sudden specific event/occurrence <input type="checkbox"/> Gradually occurring over time <input type="checkbox"/> Occupational disease <input type="checkbox"/> Fatality		
Where there any witnesses to this injury/incident? Please provide names and job titles. If they are from outside Umbrella, also provide their phone number.		

NATURE OF INJURY - Briefly describe the injuries sustained by the employee (affected body area and type of injury)

Area:	<input type="checkbox"/> Head <input type="checkbox"/> Face <input type="checkbox"/> Chest <input type="checkbox"/> Back <input type="checkbox"/> Shoulder <input type="checkbox"/> Arm <input type="checkbox"/> Wrist <input type="checkbox"/> Hand <input type="checkbox"/> Leg <input type="checkbox"/> Knee <input type="checkbox"/> Ankle <input type="checkbox"/> Foot <input type="checkbox"/> Other:
Location:	<input type="checkbox"/> Right Side <input type="checkbox"/> Left Side
Type of Injury:	<input type="checkbox"/> No Injury <input type="checkbox"/> Pain/Swelling <input type="checkbox"/> Bruise/Abrasion <input type="checkbox"/> Strain/Sprain <input type="checkbox"/> Cut <input type="checkbox"/> Fracture <input type="checkbox"/> Loss of Consciousness <input type="checkbox"/> Other:
Injury Cause/ Contributing Factors:	<input type="checkbox"/> Slip/Trip <input type="checkbox"/> Fall <input type="checkbox"/> Contact with Object <input type="checkbox"/> Repetitive Motion <input type="checkbox"/> Overexertion <input type="checkbox"/> Harmful Substance <input type="checkbox"/> Violence <input type="checkbox"/> Other:
Are you aware of any prior similar or related problem, injury, or condition? <input type="checkbox"/> Y <input type="checkbox"/> N If yes, please explain:	

SEQUENCE OF EVENTS THAT PRECEDED THE INCIDENT

Describe events earlier that day or even in previous years that led up to the incident. Examples may include events such as training given or changes in equipment, procedures, or management.
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UNSAFE CONDITIONS, ACTS, OR PROCEDURES THAT SIGNIFICANTLY CONTRIBUTED TO THE INCIDENT

Indicate anything (or the absence of anything) that contributed to the incident:				
<input type="checkbox"/> Lack of attention	<input type="checkbox"/> Lack of training	<input type="checkbox"/> Lack of communication	<input type="checkbox"/> Improper procedure	<input type="checkbox"/> Defective equipment
<input type="checkbox"/> Slippery surface	<input type="checkbox"/> Poor visibility	<input type="checkbox"/> Inadequate maintenance	<input type="checkbox"/> Inadequate PPE	<input type="checkbox"/> Harmful substance
<input type="checkbox"/> Agitated child	<input type="checkbox"/> Other:			

Last Revision Approved: July 4, 2021

Date of Next Review: July, 2022

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UNSAFE CONDITIONS, ACTS, OR PROCEDURES THAT SIGNIFICANTLY CONTRIBUTED TO THE INCIDENT

Investigators to involve witness, worker rep, etc. to conduct investigation. Use factual statements to describe what happened. Summarize the sequence of events, unsafe factors and resulting injuries. Do not include student/child names.

DETERMINATION OF CAUSES/UNDERLYING FACTORS

Investigators to review and analyze the facts and circumstances of the incident to identify the underlying factors that led to the incident. Include factors such as unsafe conditions, acts, or procedures.

- | | | |
|---|---|---|
| <input type="checkbox"/> Physical limitation | <input type="checkbox"/> Fatigue/Stress | <input type="checkbox"/> Mental fatigue/stress |
| <input type="checkbox"/> Improper work practices/ behaviour | <input type="checkbox"/> Inadequate skill/knowledge | <input type="checkbox"/> Inadequate tools/equipment |
| <input type="checkbox"/> Unsafe work conditions | <input type="checkbox"/> Inattentiveness | <input type="checkbox"/> Other: |

IMMEDIATE CORRECTIVE ACTIONS

Identify any additional corrective actions necessary to address unsafe conditions, acts or procedures identified above in order to prevent similar incident.

Recommended Corrective Action	Action Assigned To	Completion Date of Action
1)		
2)		
3)		

PERSONS CONDUCTING INVESTIGATION AND COMPLETING REPORT FORM

Incident Investigation must be completed by injured worker's Supervisor and if required (according to our policy), a representative from the Joint Health and Safety Committee)

Investigation Participants	Name	Signature (required)	Date
1)			
2)			

Within 24 hours, send this report and Employee Incident report to the Human Resources Manager.

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