Page 1 - INCIDENT INFORMATION

IRI App Incident #: _____ *Completed by Employee/Supervisor* Last revised: Dec 19, 2019

A. IDENTIFICATION INFORMATION:

Last Name: _____ **First Name:** _____ **Employee Contact #:** *(home)* _____

Supervisor Name: _____ **Contact #:** *(work)* _____ *(cell)* _____ *(work)* _____ *(cell)* _____

MINISTRY: _____ **Division/ Branch/Program:** _____

Work Address: _____ **City/Town:** _____

Employee Occupation: *(Job Title)* _____ **Employee #:** _____

B. INCIDENT INFORMATION:

Date of Incident: *(dd/mm/yy)* **Time of Incident:** *(am/pm)* **Specific Location of Incident:** **Reported by:** _____ **To:** _____

Date: _____ **Time:** _____

Other parties involved: *(e.g. contractor, public, client, etc.)* _____

Others notified: *(e.g. 911, police/RCMP, OHS Division)* _____

C. TYPE OF INCIDENT: *(Check the applicable box)*

☐ Near Miss (*no injury; no property damage*) ☐ Injury/Illness ☐ Injury/Illness and Property/Equipment Damage

☐ Property/Equipment Damage

D. INCIDENT CATEGORY: *(Check one)*

VIOLENCE
- ☐ Assault
- ☐ Aggression

PHYSICAL EXERTIONS/STRAINS
- ☐ Lifting
- ☐ Overexertion/bodily motion
- ☐ Pushing/Pulling
- ☐ Repetitive Motion

CONTACT WITH OBJECT/EQUIPMENT
- ☐ Caught In/On/Between
- ☐ Struck/Hit

PSYCHO-SOCIAL
- ❑ Work-related Stress
- ❑ Post-incident Distress

EXPOSURE TO HARMFUL SUBSTANCES AND/OR ENVIRONMENTS
- ☐ Animal/Insect
- ☐ Asbestos
- ☐ Biological/Infectious
- ☐ Chemical/Fumes
- ☐ Electric Shock/Electricity/Arc
- ☐ Hot/Cold
- ☐ Noise
- ☐ Light/glare
- ☐ Radiation
- ☐ Water

SLIPS, TRIPS, FALLS
- ☐ On Same level
- ☐ From Elevation
- ☐ On Ice/Slippery Surface

PROPERTY/EQUIPMENT
- ☐ Building
- ☐ Tools/Equipment
- ☐ Fire/Explosion
- ☐ Environment
- ☐ Theft
- ☐ Security

TRANSPORTATION
- ☐ Aviation/Aircraft
- ☐ Licensed Motor Vehicle
  - Vehicle Type: _____
  - CVA Unit #: _____
  - License Plate #: _____
- ☐ Powered Mobile Equipment
  - Unit Type: _____

OTHER *(describe)*

Nature of Injury/Area Affected: *(be specific such as sprained left shoulder; scraped right knee, etc.)*

Treatment Administered:
☐ None ☐ First-aid
☐ Medical Clinic/Emergency Visit

First Aid provided by: _____

Name of medical facility: _____

Lost Time: ☐ No ☐ Yes ☐ Unsure

First scheduled shift missed after incident: *(dd/mm/yyyy)*

❑ Yes, worker submitted a *WCB W1* to WCB.
❑ Yes, worker received a *Stay At or Return to Work Form 111*

E. EMPLOYEE'S DESCRIPTION OF INCIDENT: *(Include details of the activity at the time of the incident. Add attachments if necessary).*

Employee Signature: _____ **Date:** _____ *(dd/mm/yy)*

IMMEDIATE DISTRIBUTION OF PAGE 1 ONLY: ☑ *Central Incident Resource* ☐ *Permanent Head (*as per Ministry direction*)* ☑ *Supervisor/manager* ☐ *Other:*

NOTE: If Dangerous Occurrence/Serious Bodily Injury as per OHS Regulations, immediately contact LRWS OHS Division at 1-800-567-7233 or 1-800-667-5023
Appendix "D" required for all Dangerous Occurrence/Serious Bodily Injury incidents

The Government of Saskatchewan is committed to the protection of personal information and personal health information you provide through the Incident Reporting and Investigation Form 101. We have procedures and security features in place to keep your data as secure as possible once received. In most cases, personal information and personal health information collected through the Form 101 will only be accessible by government employees whose responsibility is to assist with processing your case. Personal information includes employee ID and home phone number. Examples of personal health information are: treatment administered; first aid provided; and name of medical facility. For reporting purposes, data you provide will be de-identified. By signing above, you are stating that you have read this information and are giving your consent to collect, use and disclose your data according to *The Freedom of Information and Protection of Privacy Act*, *The Health Information Protection Act* and *The Occupational Health and Safety Regulations, 2020.* You are also confirming that the information provided is correct and true to the best of your knowledge.

Page 2 – INCIDENT INVESTIGATION

Completed by Supervisor/Manager

Last revised: Dec 19, 2019

IRI App Incident #: _____

F. INCIDENT INVESTIGATION: *Add additional attachments as needed*

Check if Applicable: ☐ Serious Bodily Injury/Hospitalization/Fatality (OHS Reg., Section 8) ☐ Dangerous Occurrence (OHS Reg., Section 9)

****Follow Appendix "F"* for guidance*

1. **Employee Name:**
2. **Years/months in position:_____ Related Orientation/Training for task_____**

Investigation Findings: *Consider all factors such as Task, Procedure, Materials, Equipment, Environment, People, Administrative processes that were involved or impact the incident. ADD ATTACHMENTS IF NEEDED.*

Direct Causes: *What event occurred immediately before the incident? What created or had the potential to cause the injury/illness or damage?*

Indirect Causes: *What were the sub-standard acts and/or conditions that contributed to this incident?*

Root Causes: *What were the broader, more systemic underlying causes that were not addressed through the employer's safety management system?*

G. CORRECTIVE ACTION PLAN: (*Actions to correct causes*) *If there are additional actions that are long term, refer to Appendix E*

Corrective Actions to be Taken (to prevent future occurrences)	Responsible Person	Target Date	Status Update	Completed Date
1.				
2.				
3.				

Supervisor Comments:

Signature: *Date:*

Yes/No

_____ Worker submitted *WCB W1* form to WCB?

_____ A *WCB E1* form was submitted to WCB by employer?

_____ A *Stay At or Return to Work Form 111* was received from worker?

_____ Other documentation was completed (describe):

Director/Manager Comments:

☐ Yes, I have spoken with the affected employee(s) to discuss this incident

Signature: *Date:*

Other Comments:

DISTRIBUTE COPIES OF BOTH PAGE 1 & 2:

☑ *Central Incident Resource* ☐ *Employee* ☐ *Supervisor* ☐ *Manager* ☐ *Director* ☐ *OHC Co-chairs (if exist))* ☐ *Other (list):*

Within 7 days as per Ministry Direction

Saskatchewan