

APPENDIX A

SUBJECT AND POLICY NUMBER:	C15 Occupational Health and Safety - Accident Reporting FORM
VICE PRESIDENT Sign Off Date:	January 8, 2018

All Injuries/Illness/Incidents/Concerns **MUST** be reported on this Form

Name: _____

Date of Occurrence: _____

Date Submitted: _____

Location: _____

Type of Injury/Illness/Concern - Please check one below.

_____ Injury (wound or trauma)

_____ Illness

_____ Concern (any other concern related to safety or risk at Olds College)

_____ Property Damage

_____ Other

Describe clearly how the injury/illness/ incident/concern occurred:

Please check if Emergency Services was required to respond (Fire, Police, EMS)

Yes – If yes, what was the conclusion made by Emergency Services? (eg. transport to Hospital, etc.)

No – If no, was there any other follow up required? Please explain.

Is this a WCB Claim? – ALL staff and student injuries **MUST** be reported to WCB within 72 hours of injury

_____ Yes

_____ No

List **ALL** individuals involved

Are they Staff or Student or Contractor or Visitor?

Describe in detail the specific campus location **AND** physical condition of the area.

Area Supervisor: _____ Phone Number: _____
(instructor, coordinator, supervisor, manager, etc.)

List **ALL** witnesses and/or persons having knowledge of the injury/illness/incident/concern

Comments:

Please ensure that this report is **fully filled in** and send **within 24 hours** to:

- **Students to:** Instructor \ Coordinator **AND** Campus Nurse: nurse@oldscollege.ca
- **Staff, Contractor, Visitor to:** Human Resources **AND**, the Investigation and Incident Response Manager at mkeeling@oldscollege.ca.