

Section:	Incident Investigation	Date of Issue:	2009.01.05
		Issued By:	Environment, Health & Safety
Part:	Online Accident Reporting System (OARS)	Revision #:	-3-
		Revision Date:	-2009.09.15-
Pages:	5	Revised By:	-DW-

Effective January 1, 2009, all accidents and incidents at the University of Calgary **must be reported utilizing the web-based Online Accident Reporting System (OARS).**

This worksheet is designed to help facilitate the reporting of accidents and incidents in OARS but is **not** an incident report. **DO NOT fax, email or send to Environment, Health and Safety.**

Any information gathered on this worksheet may be used by the Supervisor or University Representative to complete the accident or incident report using OARS.

More information regarding accident and incident reporting using OARS can be found at <http://www.ucalgary.ca/safety/oars>

OARS Page 1. Person Reporting

Person Reporting Incident				
<input type="checkbox"/> Supervisor		<input type="checkbox"/> University Representative		<input type="checkbox"/> Self-Reporting
Last Name:		First Name:		UCID #:
Phone:		Email:		Occupation / Job Title:
Date Reported (yyyy-mm-dd)		Faculty / Unit:		Department:
Persons Involved or Affected				
<input type="checkbox"/> Faculty / Staff	<input type="checkbox"/> Graduate Student	<input type="checkbox"/> Undergrad Student		<input type="checkbox"/> Contractor
<input type="checkbox"/> Public	Work related/ Class-related? <input type="checkbox"/> YES <input type="checkbox"/> NO	For Public: <input type="checkbox"/> University Operated Program (i.e. sports team, Mini-U, Camps, etc.)		<input type="checkbox"/> Under 18 years of age
Last Name:		First Name:		
Phone:		Email:		
Occupation / Job Title:		UCID #:		
Length of employment: <input type="checkbox"/> Less than 1 mo <input type="checkbox"/> 1 –5 mo <input type="checkbox"/> 6 mo – 5 yrs <input type="checkbox"/> More than 5 yrs		Time in occupation at time of accident: <input type="checkbox"/> Less than 1 mo <input type="checkbox"/> 1 –5 mo <input type="checkbox"/> 6 mo – 5 yrs <input type="checkbox"/> More than 5 yrs		
Department		Faculty		
Supervisor of Person Affected				
Last Name:		First Name:		UCID #:
Phone:		Email:		
Faculty / Unit:		Department:		Occupation / Job Title:

OARS Page 2. Description

Description of Incident					
Date of Incident (yyyy-mm-dd)				Time of Incident : AM / PM	
Location	Building	Room	Parking Lot/ Field	Other	Campus
Incident Details - Description of what happened?					
Campus Security Attended? <input type="checkbox"/> Yes <input type="checkbox"/> No		Witness Name:			
		Contact Information (phone #, email address, mailing address, etc):			
Was First Aid Required? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did Emergency Services (ambulance, fire dept.) attend?			<input type="checkbox"/> Yes <input type="checkbox"/> No
		Was Emergency Services refused?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Provide details of First Aid treatment:					
Name of First Aider:			Qualifications:		

OARS Page 3. Classification

Classification of Incident		
Level 1	Level 2	Level 3
<input type="checkbox"/> First aid with no lost time beyond the day of injury (temporary, immediate care) <input type="checkbox"/> Minor incident with no lost time <input type="checkbox"/> Spill or release not reportable to Alberta Environment (AENV) or City of Calgary but more than 5 L or 5 kg <input type="checkbox"/> Near miss	<input type="checkbox"/> Medical aid with no lost time beyond the day of injury (medical care beyond first aid) <input type="checkbox"/> Injury reportable to Workers Compensation Board (WCB) with no lost time <input type="checkbox"/> Occupational Illness reportable to WCB with no lost time <input type="checkbox"/> Radiation incident internally reportable <input type="checkbox"/> Spill or release reportable to Alberta Environment (AENV) or City of Calgary that is not an adverse effect or contravention of an approval, license or code or practice <input type="checkbox"/> Chemical spill resulting in injury or exposure <input type="checkbox"/> Motor vehicle accident	<input type="checkbox"/> Injury reportable to Workers Compensation Board (WCB) with lost time beyond the day of injury <input type="checkbox"/> Occupational Illness reportable to WCB with lost time <input type="checkbox"/> ** Injury or accident that results in death <input type="checkbox"/> ** Injury or accident that results in a worker being admitted to a hospital for more than 2 days <input type="checkbox"/> ** Unplanned or uncontrolled explosion or fire that causes a serious injury or that has the potential of causing a serious injury <input type="checkbox"/> ** Unplanned or uncontrolled flood that causes a serious injury or that has the potential of causing a serious injury <input type="checkbox"/> ** The collapse or failure of any component of a building or structure necessary for the structural integrity of the building structure <input type="checkbox"/> ** The collapse or upset of a crane, derrick or hoist <input type="checkbox"/> Release of dangerous goods reportable under Transportation of Dangerous Goods (TDG) <input type="checkbox"/> Radioactive incidents reportable to the Canadian Nuclear Safety Commission (CNSC) <input type="checkbox"/> Spill or release reportable to Alberta Environment (AENV) or City of Calgary that is potentially an adverse effect or contravention of an approval, license or code of practice

NOTE: ** Serious incidents or accidents are reportable to Alberta Workplace Health and Safety. Refer to the Incident Reporting and Investigation Procedures for more information.

OARS Page 4. Details

Body Part Affected	Nature of Injury	Type of Contact
<input type="checkbox"/> Head <input type="checkbox"/> Eye(s) <input type="checkbox"/> Ear(s) <input type="checkbox"/> Neck <input type="checkbox"/> Chest / Shoulder(s) <input type="checkbox"/> Back <input type="checkbox"/> Abdomen <input type="checkbox"/> Trunk / Torso <input type="checkbox"/> Hands / Wrists <input type="checkbox"/> Fingers <input type="checkbox"/> Arms(s) <input type="checkbox"/> Hip / Pelvis <input type="checkbox"/> Legs <input type="checkbox"/> Knee(s) <input type="checkbox"/> Foot / Ankle(s) / Toe(s) <input type="checkbox"/> Body System(s) <input type="checkbox"/> Multiple Parts <input type="checkbox"/> Non-Personal Damage <input type="checkbox"/> Other:	<input type="checkbox"/> Bruising / Bumps <input type="checkbox"/> Burns <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Dermatitis <input type="checkbox"/> Ear / Hearing Condition <input type="checkbox"/> Electric Shock <input type="checkbox"/> Embedded Foreign Bodies <input type="checkbox"/> Environmental Condition <input type="checkbox"/> Eye / Vision Condition <input type="checkbox"/> Fracture / Dislocation <input type="checkbox"/> Heart / Circulatory Diseases <input type="checkbox"/> Infectious Diseases <input type="checkbox"/> Inhalation <input type="checkbox"/> Needle stick <input type="checkbox"/> Nerve Damage <input type="checkbox"/> Non-Personal Damage <input type="checkbox"/> Open Wound / Laceration <input type="checkbox"/> Splash <input type="checkbox"/> Sprains / Strains	<input type="checkbox"/> Bites / Scratch / Kicks <input type="checkbox"/> Biohazardous Material <input type="checkbox"/> Bodily Reaction / Exertion <input type="checkbox"/> Contact with Objects -In, On, Under <input type="checkbox"/> Electricity <input type="checkbox"/> Exposure to Extreme Temperature <input type="checkbox"/> Fall from Elevation <input type="checkbox"/> Fire <input type="checkbox"/> Hazardous Materials <input type="checkbox"/> Motor Vehicle Accident <input type="checkbox"/> Needles / Sharps <input type="checkbox"/> Noise <input type="checkbox"/> Overexertion <input type="checkbox"/> RMI (Repetitive Motion Injury) <input type="checkbox"/> Slip, Trip or Fall <input type="checkbox"/> Struck by Object <input type="checkbox"/> Other:

When reporting in OARS, the report may be submitted at this point. A tracking number will be assigned and email notifications sent. Supervisors may continue to Pages 5 and 6 in OARS to complete the investigation portion of the report.

OARS Page 5. Investigative Details

Pages 5 and 6 in OARS are considered the investigation portion of the report and must be completed in within 3 days for Level 1 incidents and within 7 days for Level 2 and 3 incidents.

Investigation Details			
Immediate Causes:			
<input type="checkbox"/> Defective tools/equipment/materials <input type="checkbox"/> Inadequate guards/barriers <input type="checkbox"/> Servicing equipment in operation <input type="checkbox"/> Unsafe equipment <input type="checkbox"/> Defective equipment <input type="checkbox"/> Using equipment improperly <input type="checkbox"/> Alteration of safety devices <input type="checkbox"/> Operating equip. at unsafe speed <input type="checkbox"/> Operating equip. without authority <input type="checkbox"/> Inadequate ventilation <input type="checkbox"/> Inadequate or excessive illumination	<input type="checkbox"/> Failure to follow procedures/practice <input type="checkbox"/> Unsafe work practices in use <input type="checkbox"/> Correct procedures not used for task <input type="checkbox"/> Safe work practices not enforced <input type="checkbox"/> Appropriate procedure non-existent <input type="checkbox"/> Inadequate instructions/procedures <input type="checkbox"/> Inadequate planning/preparation <input type="checkbox"/> Inadequate information/data <input type="checkbox"/> Inadequate support/assistance <input type="checkbox"/> Failure to communicate/coordinate <input type="checkbox"/> Inadequate communication (hardware/software/process)	<input type="checkbox"/> Failure to identify hazards <input type="checkbox"/> Failure to react/correct <input type="checkbox"/> Failure to check/monitor <input type="checkbox"/> Failure to secure <input type="checkbox"/> Failure to warn <input type="checkbox"/> Poor housekeeping/disorder <input type="checkbox"/> Work area unsuitable/unsafe <input type="checkbox"/> Congestion/restricted action <input type="checkbox"/> PPE not used <input type="checkbox"/> Inadequate/improper PPE <input type="checkbox"/> Improper position for task	<input type="checkbox"/> Improper loading <input type="checkbox"/> Improper lifting <input type="checkbox"/> Noise exposure <input type="checkbox"/> Road conditions <input type="checkbox"/> Weather conditions <input type="checkbox"/> Fire/explosion hazards <input type="checkbox"/> Harmful materials present <input type="checkbox"/> Animal action <input type="checkbox"/> Horse play <input type="checkbox"/> Sport related <input type="checkbox"/> Other (describe below)
Root Causes:			
<input type="checkbox"/> Inappropriate height, weight, size, strength, reach, etc. <input type="checkbox"/> Inadequate engineering <input type="checkbox"/> Inadequate maintenance <input type="checkbox"/> Excessive wear and tear <input type="checkbox"/> Inadequate tools, equipment, or materials <input type="checkbox"/> Inadequate assessment of needs and risks <input type="checkbox"/> Inadequate work procedures/standards <input type="checkbox"/> Impairment (fatigue, substance abuse) <input type="checkbox"/> Improper motivation (i.e. deadlines, workloads, shortcuts) <input type="checkbox"/> Inadequate matching of individual qualification and job/task requirements <input type="checkbox"/> Inadequate communications <input type="checkbox"/> Abuse or misuse (improper conduct) <input type="checkbox"/> Inadequate practice (not regular duties/first time) <input type="checkbox"/> Other (describe before)			
<input type="checkbox"/> Lack of knowledge or experience <input type="checkbox"/> Incidents not reviewed <input type="checkbox"/> Lack of adequate leadership/supervision <input type="checkbox"/> Inadequate instructions, orientation, and/or training <input type="checkbox"/> Lack of skill <input type="checkbox"/> Physical/mental stress <input type="checkbox"/> Physical / physiological capability (i.e. fatigue to due sensory overload) <input type="checkbox"/> Inadequate physical / physiological capability (limited range of movement) <input type="checkbox"/> Inadequate purchasing <input type="checkbox"/> Inadequate mental/psychological capabilities <input type="checkbox"/> Inadequate work planning or programming <input type="checkbox"/> Lack of situational awareness <input type="checkbox"/> Poor condition			
Root Causes: (Please look at all the factors that may have contributed to the accident. Such factors may include equipment, environment, policies, procedures and personnel).			

OARS Page 6. Corrective Action

Corrective Actions to Prevent Recurrence	
<input type="checkbox"/> Change/review safe work procedures <input type="checkbox"/> Seek EH&S input to identify preventative controls <input type="checkbox"/> Debriefing or counselling <input type="checkbox"/> Change to work area layout/design <input type="checkbox"/> Review staff training	<input type="checkbox"/> Undertake hazard assessment <input type="checkbox"/> Refer to supervisor/department head for decision/guidance <input type="checkbox"/> Submit <i>i-request</i> for maintenance/repair <input type="checkbox"/> Other (describe below)
Recommendations/Preventive Measures:	
Management Review	
Supervisor or University Representative	
Corrective Actions Target Date: (yyyy-mm-dd)	Corrective Actions Complete Date: (yyyy-mm-dd)
First Name:	Last Name:
Email:	Phone Number:
Comments:	
Second Higher Authority (required for Level 2 & 3 incidents)	
First Name:	Last Name:
Email:	Phone Number:
Comments:	
Third Higher Authority (required for Level 3 incidents)	
First Name:	Last Name:
Email:	Phone Number:
Comments:	

DISCLAIMER: This incident reporting and investigation worksheet is confidential and may be privileged. Unauthorized disclosure or distribution is prohibited. Disclosure or distribution to anyone other than the intended recipients does not constitute waiver of privilege. If you have received this document in error, please notify the supervisor or person involved and shred the document or delete from your computer system and any other electronic or printed record.