



Incident Reporting

F
12 April, 2012

Page 1 of 4

Revision 2012-000

1.0 POLICY:

It is ET policy to report all incidents as an important part of the safety program. An incident is defined as an accident or other unplanned/unwanted occurrence which resulted in, or had the potential to result in, injury. Review of the report will help establish what, if any, corrective actions need to be taken to prevent a recurrence.

PROCEDURE

1. Any incident should be documented on the Incident Report form (Appendix 1) and submitted to supervisor within 6 hrs of the occurrence.
2. The form will be reviewed, and if more information is required, supervisors will follow-up with those involved in the incident. It will be determined at this time if WSIB forms must be submitted or not.
3. Reports will be reviewed to determine what factors contributed to the incident, such as weather conditions, faulty equipment, human error, lack of training, etc.
4. Recommendations and corrective actions will be documented and shared with Director General.
5. Corrective actions will be implemented and shared with all staff. This may include equipment repairs and modifications, additional training for improved delivery, changes to existing policies (such as inclement weather).
6. Incident reports will be kept on file for regular review. Effectiveness will be measured by whether or not there are repeat incidents.



Incident Reporting

F
12 April, 2012

Page 2 of 4

Revision 2012-000

Appendix A: INCIDENT REPORT

This report is to be completed by ET's employees or volunteers involved in an incident or in a near-miss incident while engaged in activities on behalf of Elephant Thoughts Educational Outreach at any location.

Complete this form, take a picture and email to janine@elephantthoughts.com at your earliest convenience and within 6 hours following the incident. The **original must be signed by both parties.**

Type of Incident:		
• Serious / Major Injury	• Minor Injury	• Exposure to Dangerous Material
• Dangerous Material Spill	• Hot Water Spill	• Burn or Frost
• Property Damage	• Disciplinary Action	• Behavioral Issue
• Other/		

ET Employees or volunteers:	
Name:	Email:
Phone:	Event:

Incident Details:	
Location of incident:	Address:
Date:	Time:
Equipment Involved:	
Nature of illness or injury:	
Was the injured person supervised at the time of the incident?	
Could have you prevent this incident? How?	
Describe Incident:	

Person involved in incident:	
Name:	Age:



Incident Reporting

F
12 April, 2012

Page 3 of 4
Revision 2012-000

Contact Name:	Contact number:
Email:	Contact reached: NO / YES at : am/pm
Describe your discussion:	

Medical Attention Received: • NO

- YES, Describe:

Remedial Action Taken:

Was there any witnesses?

Name:	Name:
Phone:	Phone:
Email:	Email:

Other Comments:

This form has been completed by, (Name): _____
 On (MM/DD/YEAR): _____ Signed: _____

FOR OFFICE PURPOSE ONLY:

Manager contacted: (Name)	(Date & Time):
---------------------------	----------------



Incident Reporting

F
12 April, 2012

Page 4 of 4
Revision 2012-000

Follow up:	Employee File up-dated:
Other:	