



McGill ACCIDENT, INCIDENT & OCCUPATIONAL DISEASE REPORT FORM

IMMEDIATE SUPERVISOR TO COMPLETE Sections C & D, **SIGN, DATE & SEND** to Environmental Health & Safety within 24 HOURS. **IF injury occurred, SEND** copy to Benefits Office (688 Sherbrooke Street West, 14th Floor - Fax 514.398.6889).

Section C: General Information	
Supervisor's Last Name	Supervisor's First Name
Department	Position
Phone Number	Email
If there was a delay in reporting this event, list reason(s):	
Material Damage YES <input type="checkbox"/> NO <input type="checkbox"/> Approximate Value:	
Section D: Preventative Measures	
Cause of event – Root Causes (e.g., unsafe equipment, lack of training, etc.)	
What corrective actions are being taken to prevent recurrence?	
Have person(s) involved received training or instruction in the work or activity being carried out?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Was there any supervision of the work or activity being carried out?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Supervisor's Comments (Additional information on event)	
If injury occurred, please check one:	
<input type="checkbox"/> No First-Aid administered, returned to work	<input type="checkbox"/> Saw a physician, returned to light duty
<input type="checkbox"/> First-Aid administered, returned to work	<input type="checkbox"/> Saw a physician, time loss
<input type="checkbox"/> Saw a physician, returned to work	<input type="checkbox"/> Refused medical treatment
Supervisor's Signature	Date

EH&S Office Use Only

Reviewed by	Date
Distribution: <input type="checkbox"/> Risk Management <input type="checkbox"/> Benefits Office, HR <input type="checkbox"/> Dept. Chair/Head <input type="checkbox"/> Dean of Students	
Follow-Up: <input type="checkbox"/> Supervisor <input type="checkbox"/> Building Director <input type="checkbox"/> Facilities Management <input type="checkbox"/> Waste Management <input type="checkbox"/> Dept. Chair/Head <input type="checkbox"/> Dept. Safety Com. <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	