


# Employee Incident Report - Supervisor's User Guide

Please click on the following link to complete an Employee Incident Report:

[Employee Incident Report](#)

Next you will see the Introduction page below:

Supervisor Incident Report

Language: English Accessibility Settings


### Introduction

Use this form to report employee accidents or incidents that occur in the workplace.

Incidents causing an employee to seek medical attention or to miss time from work need to be reported by Human Resources to the Workplace Safety and Insurance Board (WSIB) within 3 days of the incident, so please do not delay in submitting the form.


Your Pass-Phrase is Department specific. If you don't know what the Pass-Phrase is or if you require assistance completing this form please contact Bob Cornelius, Disability Management Consultant at extension 1481 or by e-mail at [bcornelius@stcatharines.ca](mailto:bcornelius@stcatharines.ca).

Any information on the following page with a red title is mandatory, and must be completed before you may submit the form. Please fill in as much information and detail as possible.



Enter the Pass-Phrase that was provided to your Department/Division in the box and click "Login". You will be prompted to confirm that the Pass-Phrase you entered is for the correct Department/Division. Click "Yes" to start the form.

Next, click on the  **Employee Lookup** icon to find the appropriate employee.


Supervisor Incident Report

Accessibility Settings Logout

All required fields are red

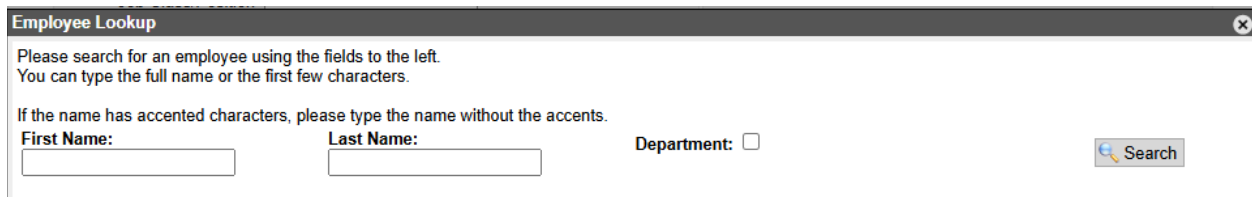
### Employee Details


(click 'Lookup' or 'Retrieve an Employee Report' to search for an employee/report)

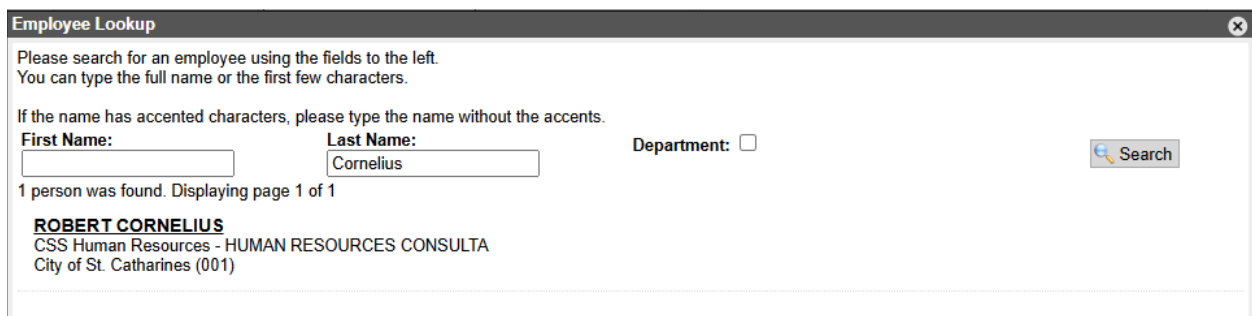
**Employee Name**  Employee Lookup

Employee ID	<input type="text"/>	City	<input type="text"/>
Job Class/Position	<input type="text"/>	Department	<input type="text"/>
Employee Union	<input type="text"/>		

A pop-up window will appear called “Employee Lookup” and it will look like this:

A screenshot of the 'Employee Lookup' pop-up window. The window has a title bar with 'Employee Lookup' and a close button. Inside, there is instructional text: 'Please search for an employee using the fields to the left. You can type the full name or the first few characters.' Below this, a note says 'If the name has accented characters, please type the name without the accents.' There are three input fields: 'First Name:', 'Last Name:', and 'Department:'. The 'Department' field has a dropdown arrow. A 'Search' button with a magnifying glass icon is on the right.

You can search by either the employee’s first or last name. After entering the name, click on  to show the results. You will also see the department name and their position in the case of multiple employees with the same first or last name. Scroll down until you have found who you are looking for and select the correct employee by clicking on their name.

A screenshot of the 'Employee Lookup' pop-up window showing search results. The search fields are the same as in the previous screenshot, but the 'Last Name' field now contains 'Cornelius'. Below the search fields, it says '1 person was found. Displaying page 1 of 1'. The result is listed as 'ROBERT CORNELIUS' followed by 'CSS Human Resources - HUMAN RESOURCES CONSULTA' and 'City of St. Catharines (001)'. A 'Search' button is still visible on the right.

## Employee Details

Next, you will see the employee’s information automatically populated in the “Employee Details” section and you can complete the form. Most of the sections are very straight forward, but this document will detail what to complete in each section to assist you with this process.

The red fields indicate that something is required. Although other fields may not be marked as required fields, we do ask that you complete as many fields as you can.



**All required fields are red**


## Employment/Shift Details

Enter the Supervisor’s name as well as the Date and Time the employee’s shift started.

### Employment / Shift Details

Supervisor / Contractor

Shift Started (date)   

Shift Started (time)  

## Incident Description

There are default labels for the Incident Classification, and they are listed here along with a further description of what each means:

- **Hazardous Situation/Near Miss, with no injury involved** (The employee did not sustain an injury.)
- **Injury occurred, but did not require a Health Care Professional** (No medical attention was sought, and there was no lost time from work.)
- **Health Care was provided by a physician or Health Care Professional. The employee was not off work** (Employee sought or is seeking medical. Please do not use this option if the worker also missed or will miss any time from work due to the incident.)
- **Employee was Injured and is / will be off work** (Lost time beyond the day of the injury was or will be incurred due to the incident.)
- **Employee was Critically Injured and is / will be off work**
  - By definition a critical injury is defined in O. Reg. 420/21. An injury is "critical" if it is an injury of a serious nature that:
    - places life in jeopardy
    - produces unconsciousness
    - results in substantial loss of blood
    - involves the fracture of a leg or arm, but not a finger or toe
    - involves the amputation of a leg, arm, hand or foot but not a finger or toe
    - consists of burns to a major portion of the body
    - causes the loss of sight in an eye
    - If you encounter an incident that you believe is critical in nature, please be sure to contact the Human Resources Consultant – Health and Safety, as soon as possible.
- **Employee has an Occupational Illness and will be off work** (This is very unlikely to be reported by a supervisor. HR staff completes this section if a claim from occupational illness is received. If you believe you have this situation, contact Human Resources for assistance.)
- **Incident resulted in a Fatality** (If an employee's death is a result of a work-related incident.)

They will appear on the form as follows (you must choose one):

### Incident Classification

- ☐ Hazardous Situation/Near Miss, with no injury involved
- ☐ Injury occurred, but did not require a Health Care Professional
- ☐ Health Care was provided by a physician or Health Care Professional. The employee was not off work.
- ☐ Employee was Injured and is / will be off work
- ☐ Employee was Critically Injured and is / will be off work
- ☐ Employee has an Occupational Illness and will be off work
- ☐ Incident resulted in a Fatality

Depending on the Incident Classification selected above, additional questions will appear.

Please attempt to answer as many of the questions as possible. Ensuring an accurate timeline is a critical part of incident reporting, so please do try to get this information from the employee and report it accurately. If the employee did not report the incident to you immediately, please be sure to reflect this in the reporting. All staff should be aware of the requirement to report incidents to their supervisor **immediately**. If any of your employees are not aware of this requirement, please ensure they are advised.

If violence is indicated to be part of the incident, there are additional questions that appear.

If you do not have enough information to answer all the questions, you may either leave some fields blank or select “Unknown” if that is an option.

## Incident Details

Type of Incident has the following options:

- **Struck Against / Contact With** (e.g. the worker’s actions resulted in contact against or with something else)
- **Struck or Contact By** (e.g. something else struck or contacted the worker)
- **Slip, Trip, Fall**
- **Caught In, On, Under, or Between** (e.g. finger pinch)
- **Over Exertion** (e.g. lifting would be the most common type of injury in this category, but it could include anything related to a worker over-exerting themselves)
- **Exposure** (e.g. exposure to a chemical, biohazard, or noise)
- **Repetitive Strain** (e.g. performing a repetitive task over time, usually more common on assembly line types of tasks)
- **No Injury** (i.e. there was no physical or psychological injury that resulted)
- **COVID Exposure** (e.g. direct exposure to the COVID-19 virus in the workplace)
- **Other (please specify in comments)**

You will need to select only **one** of the above options. If you do not know which category to use, you can select “Other” and explain further in the comments section.

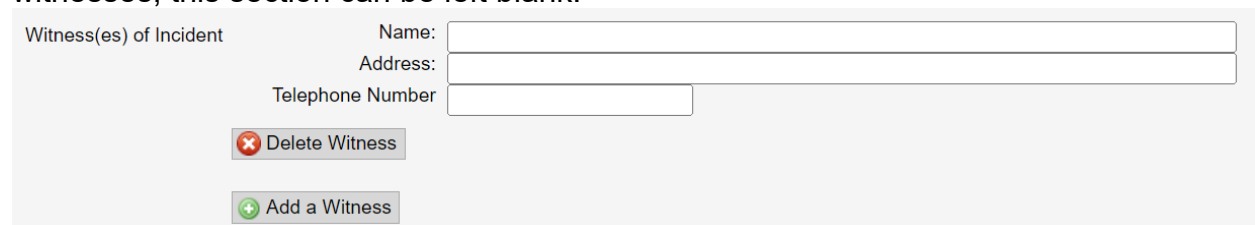
Next, you’ll be asked to identify cause(s) of the incident, with the following options:

- **Distracting, Teasing, Wilful Misconduct**
- **Employee Action**
- **Failure to Use Personal Protective Devices**
- **Fire Hazard**
- **Hazardous Method or Procedure**
- **Internal Hazardous Condition**
- **Not Guarded or Improperly Guarded**
- **Operating Without Authority**
- **Outside Hazardous Condition**
- **Unsafe Design or Arrangement**

- **Unsafe Equipment**
- **Unsafe Position or Posture**
- **Working on moving or dangerous equipment**

You can add multiple causes if appropriate, and it is normal to have more than one cause contribute to an incident. For example, if a worker was injured by lifting something incorrectly the incident would be caused by “Employee Action” **and** “Unsafe Position and Posture”.

Next please add any witnesses, as applicable. When you select “Add a Witness”, as illustrated in the image below, the Name, Address and Telephone Number fields will appear. If you don’t know the address of a witness, you can leave that field blank. You can add multiple witnesses by selecting the “Add a Witness” field again. If there were no witnesses, this section can be left blank.



Witness(es) of Incident

Name:

Address:

Telephone Number

Next, please indicate the location where the incident occurred. If it did not take place at a City facility, please be sure to include the address of where it occurred.

If something or someone else contributed to this incident, you may enter the details in the field below:

Provide details if machinery, equipment or a motor vehicle was totally or partially responsible for the injury

If not applicable, please leave this field blank.

The next question asked is:

What was the affected employee doing at the time of this incident?  
(ex. cutting open a box, pushing cart, etc., provide more detail)

This is an important question that you should have the answer to after your staff have reported the incident to you. It should be phrased such as: “Worker states that...”. If you were present, it could be worded differently but otherwise it must start in this manner, as you are reporting what was told to you, and we will be reporting the same information to WSIB (if required).

Followed by:

What happened to cause this incident?  
(Contributing factors related to people, process, equipment, materials, and environment)

This question might seem similar to the previous one, but it gives you an opportunity to further describe what caused the incident. Examples could include, worker was trained on proper lifting techniques but didn’t assess what was in the box before picking it up, or worker lifted with his back instead of his legs, resulting in the injury.

And finally, you are able to add other details that might be relevant:

Additional Information: Provide details that are relevant or significant.

Examples:

- Was there a specific incident to cause the injury?
- Description and weight being lifted or moved (kg or lbs)
- How long was the task being performed on the day of the injury?
- How long was the task performed in the last hour leading up to the reported injury?

For this section there is no need to duplicate information already provided, this is just an opportunity to add information that is relevant to the incident that hasn't been asked for yet. The examples in the screen shot above illustrate what other information could be included.

## Accident Investigation

When you're completing the form immediately after an incident, it is unlikely that you or someone else has already investigated the incident, but if one was completed, please indicate the person's contact information in this section.

Was an accident investigation completed?

Person who completed investigation:

Telephone Number:

Email Address:

## Corrective Actions

Please choose a corrective action from the list. Available corrective actions are as follows:

- **Action to Improve Inspection**
- **Actions to Improve Design/Procedure**
- **Barrier Erected**
- **Correction of Congested Area**
- **Discipline of Persons Involved**
- **Equipment Repair or Replacement**
- **Improved Personal Protective Equipment**
- **Inform all Department Supervision**
- **Installation of Guard or Safety Device**
- **Order Job Safety Analysis Done**
- **Reassignment of Person**
- **Reinstruction of Person Involved**
- **Review Manufacturer's Equipment**

Once you select one of the above Corrective Actions, please complete the following information regarding the action selected, if available:

### Corrective Actions

Corrective Action	<input type="text"/>
Target Date	<input type="text" value="mm/dd/yyyy"/>
Completion Date	<input type="text" value="mm/dd/yyyy"/>
Person Responsible	<input type="text"/>
Telephone Number	<input type="text"/>
Email Address	<input type="text"/>
Action Taken/To Be Taken	<input type="text"/>
Comments	<input type="text"/>

A corrective action is not always needed as there are some situations where there is no specific incident or hazard. Examples could include a knee or ankle giving out while walking or a worker being stung by a bee while walking.

### Reporting Information

Please indicate your information in the fields below. For Position/ID/Badge, please enter your position title (there is no need to enter your ID/Badge information).

Person who filled out this incident report		
First Name: <input type="text"/>	Telephone Number: <input type="text"/>	Position/ID/Badge: <input type="text"/>
Last Name: <input type="text"/>	Email Address: <input type="text"/>	

To submit the report, please click on the submit button:

Once the form has been submitted, this window will appear:

**Message to Supervisor-Print Report Confirmation**

Thank you for submitting this report. It has been automatically sent to the following staff positions: Chief Administrative Officer, Deputy Chief Administrative Officer, Director of Worker's Department, Director of Corporate Support Services, Manager of Human Resources, Human Resources Consultant, Health and Safety, Disability Management Consultant.

The personal information collected on the this Incident Form is collected under authority of (Municipal Act or Applicable Legislation or by-law). This information and will be used in accordance with said legislation. Questions about the collection of personal information should be directed to the Office of the City Clerk, or reached at 905-688-5600 ext. 1569 or [privacy@stcatharines.ca](mailto:privacy@stcatharines.ca).

Questions specific to the Municipal Freedom of Information and Protection of Privacy Act, can be directed to the Office of the Clerk (905) 688-5601 ext. 1569 or [privacy@stcatharines.ca](mailto:privacy@stcatharines.ca).

☐ Include message on printed report?

The Parklane Supervisor Report has been submitted.

Would you like to print a copy of the report?

Select **Yes** if you wish to print a copy of the report.

The bottom of the printed report will have the following confirmation:

I confirm the information on this form was provided in good faith, to be true and correct, and, represents the facts as I have stated.

I agree to promptly advise Human Resources if I learn that the facts I have provided are incorrect.

I expressly authorize the Human Resources Consultant, Health and Safety to investigate my incident and take any action to verify this report.

\_\_\_\_\_  
EMPLOYEE NAME

\_\_\_\_\_  
Date

\_\_\_\_\_  
SUPERVISOR NAME

\_\_\_\_\_  
Date

There is no need to sign, but if you would like to have a record of your submission signed by your employee, please feel free to do so.