

DRAFT: Accident Webform (response #45)

Survey Information

Site:	EHS
Page Title:	DRAFT: Accident Webform
URL:	http://www.ehs.utoronto.ca/resources/wcbproc/draft.htm
Submission Time/Date:	5/13/2010 4:00:45 PM

Survey Response

A. INCIDENT TYPE	
Classification:	<input type="text"/> <input type="text"/> <input type="text" value="Assistance from healthcare practitioner"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name of person completing report	Preferably filled out by the employees supervisor
B. EMPLOYEE INFORMATION	
1. Injured person's last name:	Peterson
2. Injured person's first Name:	Peter
3. Sex:	<input type="text" value="Male"/> <input type="text"/>

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3a. Dominant hand:	<input type="text"/> <input type="text" value="Right"/>
4. Employing Department Name of injured - select from applicable campus drop-down list.	
St. George	<input type="text" value="0299 - Environmental Hlth&Safety"/> <input type="text"/>
UTSC	<input type="text" value="Please select from list:"/> <input type="text"/>
UTM	<input type="text" value="Please select from list:"/> <input type="text"/>
Department and campus if unable to locate above:	
5. Personnel number of injured:	1234567
6. Job Title of injured party:	Administrative Assistant 1
7. In current position less than six(6) months?	<input type="text" value="Yes"/> <input type="text"/>
8. Employee Group:	<input type="text" value="Union"/> <input type="text"/>
If you have selected "Other" under Employee Group, please specify:	
9. Appointment type:	<input type="text" value="Casual"/> <input type="text"/>
10. Union:	<input type="text" value="USW 1998 - Casual"/> <input type="text"/>

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11. Injured person's E-Mail Address (to receive copy of form):	Peter-Peterson-employee@utoronto.ca
12. Injured person's home address:	123 Four Five Six Way Apartment 666 Toronto, ON M6F 1Q9
13. Home or cell phone number:	123-456-7890
14. Work Phone Number:	123-456-7890
15. E-Mail Address of supervisor/manager (to receive copy of form):	your-email-address@utoronto.ca
16. Email address of Department Chair or Director (to receive copy of form):	your-directors-email@utoronto.ca

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C. ACCIDENT DETAILS	
1. Accident Type:	<div style="border: 1px solid black; padding: 2px;">Contact with hot objects/substances</div> <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div>
Describe in detail what happened to cause the injury or incident:	
Details of accident/incident:	Peter was pouring himself a cup of tea when he was distracted by a fellow employee, leading him to pour boiling water on his hand.
2. Source of Injury:	<div style="border: 1px solid black; padding: 2px;">Steam, vapours - non-chemical</div> <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div>
Identify the size, weight, and type of equipment/material involved:	
Equipment/material involved:	tea kettle, electric
3. Nature of Injury:	<div style="border: 1px solid black; padding: 2px;">Burns - heat, scalds, chemical, electric</div> <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div>
Explain specifically what the person was doing, the effort (low, medium, high), and degree of repetition involved:	
Explain what the person was doing:	Pouring out a cup of tea.
4. Body Part (hold down ctrl for multiple selections):	<div style="border: 1px solid black; padding: 2px;">Thumb and fingers</div> <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div> <div style="border: 1px solid black; padding: 2px;">Arm, lower</div> <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div> <div style="border: 1px solid black; padding: 2px;">Wrist(s)</div> <div style="border: 1px solid black; height: 20px; margin-top: 2px;"></div>
Please check which side of the body was injured as applicable.	<div style="border: 1px solid black; width: 50px; height: 20px; margin-left: 20px;"></div>

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	<input type="text" value="Left"/> <input type="text"/>
If injured body part cannot be identified from the choices, please identify below.	
Part of the body:	<input type="text"/>
5. Accident location.	
Campus:	<input type="text" value="St. George"/> <input type="text"/>
Street address, and room number (if not on campus):	<input type="text"/>
Building: Please select the building name in their respective campuses where the incident/injury occurred	
St. George	<input type="text" value="Huron 215"/> <input type="text"/>
UTSC	<input type="text" value="Please select from list"/> <input type="text"/>
UTM	<input type="text" value="Please select from list"/> <input type="text"/>
Other building if not identified above:	<input type="text"/>
Room number and floor:	room 702A, 7th floor
Type of Workplace:	<input type="text" value="Office"/> <input type="text"/>
Other Workplace:	<input type="text"/>
6. What conditions contributed to the accident? (If there are 2 or more choices to be selected, hold on to CTRL key and select)	<input type="text" value="Unexpected hazard"/> <input type="text"/>

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Details of conditions:	Distraction by colleague contributed to the accident.
7. What acts could probably have contributed to the accident? (If there are 2 or more choices that you should select, click on the CTRL key and select additional choices)	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Taking unsafe position or posture</div> <div style="border: 1px solid black; height: 15px; margin-bottom: 2px;"></div>
Other acts:	
8. What steps could be, or have been taken to prevent recurrence?	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Other: please describe actions to prevent recurrence in the textbox below</div> <div style="border: 1px solid black; height: 15px;"></div>
Action taken or to be taken to prevent recurrence. At a minimum please specify if the action is complete ,or if not when it is anticipated to be complete.	A coffee machine with a hot water spigot has been purchased.
9. Do any of these apply to this incident? (If 2 or more choices are to be picked, click on the CTRL key and select choice)	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Inadequate tools/equipment</div> <div style="border: 1px solid black; height: 15px;"></div>
Other contributing factors:	
10. To your knowledge, could any of these personal factor(s) have contributed to the incident/injury? (If 2 or more choices are to be picked from list, click on CTRL key and select choice)	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">Lack of sleep</div> <div style="border: 1px solid black; height: 15px;"></div>
Other personal factors:	Peter mentioned that he had not slept well for the past couple of nights.
14. Witness information: (identification is required)	
Name, phone number:	Johnny Appleseed Administrative Assistant 416-978-9999
15. Police Investigation:	<div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">not applicable</div> <div style="border: 1px solid black; height: 15px;"></div>

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Was anyone who does not work for U of T totally or partially responsible for this injury? If yes, then please explain below.	<input type="text" value="No"/> <input type="text"/>
Details of responsible party and their involvement:	
D. REPORTING	
1. Date and time of incident/injury:	Wednesday, May 19, 2010 3:14 PM
2. Date and time reported to supervisor:	Wednesday, May 19, 2010 3:30 PM
3. If not reported to regular supervisor - name and telephone # of supervisor to whom incident reported:	
4. If there was a delay in reporting this incident, please select from list of causes of delay:	<input type="text" value="Not applicable"/> <input type="text"/>
If the selected choice is 'other', please identify cause of delay.	
5. Did anyone assist the injured person by providing immediate minor medical aid (first aid)? If yes please write the name of the person:	Johnny Appleseed
6. Was medical attention sought?	<input type="text" value="Yes"/> <input type="text"/>
7. If yes, please provide name and address of attending physician/hospital and date assistance was sought:	Dr. Andres 153 St. Clair Ave. Toronto, ON M5T-2Z1
8. Date assistance from Healthcare Practitioner sought:	Wednesday, May 19, 2010
9. What is the date that the injured worker's supervisor learned the worker received Healthcare?	Wednesday, May 19, 2010 4:00 PM

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E. ADDITIONAL INFORMATION (PLEASE COMPLETE IF EARNINGS WERE LOST BY EMPLOYEE)

Note that you only need to complete this section if earnings were lost by the employee.

1. Date and Hour last worked:	Wednesday, May 19, 2010 3:30 PM
2. Regular start and end times on the last day worked:	11 am to 4 pm
2.a Actual end time on last day worked:	3:30 pm
3. Type of Pay	<input type="text" value="Hourly"/> <input type="text"/>
Total Weekly Pay Hours:	25
4. Shift Worker	<input type="text" value="No"/> <input type="text"/>
4a. If applicable, please enter premium(\$ per hour	n/a
Enter the regular number of hours worked on each day in the appropriate boxes below:	
Monday hours	
Tuesday hours	5
Wednesday hours	5
Thursday hours	5
Friday hours	5
Saturday hours	
Sunday hours	
Date and time returned to work (ex. Mar.10/10, 8:00am):	Wednesday, May 20, 2010 12:00 PM