THOMPSON RIVERS UNIVERSITY
Safety & Emergency Management

Incident Report Form

☐ Personal Injury ☐ Hazard ■ Near miss ☐ Security/Violence ☐ Environmental ☐ Workplace Illness ☐ **Fire Alarm**

Personal Information

Person's last name	**First name**	**Date of Birth:**	**Gender**
Doe	John	12/11/1991	■ **M** ☐ **F**

1. What is the person's occupation?
Student in Trades Mechanical

2. Has this person been employed or studying at TRU for less than 12 months? Yes ■ No ☐

3. If yes, start date (mm/dd/yyyy)
09/03/2015

4. At the time of injury, the person was (check all that apply)

☐ Full time ☐ Part time ■ Student ☐ Apprentice/Practicum ☐ Auxiliary ☐ Contractor ☐ Visitor

5. Location of Incident – check one:

Animal Health ☐	A&E ☐	BCCOL ☐	TRU Campus ☐	CAC ☐	Clock Tower ☐	Culinary Arts ☐	Gymnasium ☐	House of Learning ☐	Human Resources ☐
Facilities ☐	International ☐	Library ☐	Old Main ☐	Science ☐	Trades ■	Warehouse ☐	Off Campus ☐	Williams Lake ☐	Regional Centers ☐

School/Department: Automotive Mechanical Shop

Incident Information (Employee to complete)

6. Date of Incident 02/19/2016

Time of Incident: 9:15 ■ **am** ☐ **pm**

Did the person report the incident? Yes ■ No ☐

7. Name person reported to: Jill Hannah

☐ **First Aid:** ☐ **Supervisor:** ■ **Instructor:** ■ **Other:**

8. Describe how the incident happened?
Student was using a grinder on a screwdriver. Screwdriver got pulled towards the stone between the tool rest and stone. Student pulled his hands away before making contact with the stone.

9. Describe the injury in detail:
No injury sustained

10. Side of body injured ☐ **Left** ☐ **Right** ☐ **Both** ■ **Not Applicable**

11. Severity of injury/ incident

■ Insignificant — No treatment ; no damage ; no disruption of services
☐ Minor — First Aid treatment (Minor cuts, bruises, irritations, burns); Minor damage; No disruption of services
☐ Moderate — Disabling injury, reversible tissue damage (Medical treatment); Damage up to $999; Minimal disruption of services
☐ Major — Extremely serious injury (Permanent disability);Damage $1000 to $99,999; Major disruption of services
☐ Fatality — Damage $100,00 to $499,999; Extensive disruption of services

12. Contributing factors – select at least one, and as many as applicable:

☐ Lifting Lb Kg
☐ Overexertion
☐ Repetitive (activity repeated over and over again)
☐ Slip or trip
☐ Twist
☐ Struck
☐ Crush
☐ Sharp edge
☐ Fire or Explosion
☐ Animal bite
☐ Assault
☐ Motor vehicle accident
☐ Hazardous Spill
■ Other: possible pinch point contact

13. Did person receive first aid treatment?
☐ Yes ■ No Date: (mm/dd/yyyy)

If Yes, please provide first aid attendants name.

14. Did the person go to the hospital, clinic, or doctor?
☐ Yes ■ No Date: (mm/dd/yyyy)

If Yes, Please provide doctors name and location

Corrective Actions: (Supervisor to complete)

Hierarchy of Control	**Action Taken/ Recommended**	**Whom**	**When**
1. Elimination 2. Substitution (use an alternative) 3. Isolate (separation from hazard) 4. Redesign (change equip/process) 5. Administration (change work practice) 6. Personal Protective Equipment (gloves, glasses, hearing protection)	Properly adjust tool rest position Ensure an initial safety inspection of grinder is completed before use	Mechanical Instructor Mechanical Instructor	ASAP before grinder is used again.

Supervisor/Instructor Signature and report date

15. Supervisor/Instructor Name	**16. Title**	**17. Date of Report**
Jill Hannah	Mechanical Instructor	02/19/2016