Children's Aid Society Of Oxford County

HEALTH AND SAFETY REPORT

This form is to be completed by all staff in the event of an injury, accident, assault or **other health concern** that is work related.

Full Name:					
Job Title:			Work Location:		
Incident Date:		Time:		Location:	
Reported Date:		Time:		Supervisor:	
Witnesses:					

Description of circumstances (activity at time of incident, equipment used, effort involved, etc.)
Injury sustained (specify left / right side, bruise, cut, fracture, sprain, etc.) or N/A

Medical treatment sought? ☐ No ☐ Yes

If yes, name of physician:

Name & address of clinic/hospital:

Follow up medical care advised or arranged? ☐ N/A ☐ No ☐ Yes

If yes, specify:

First aid administered at workplace? (specify details)

**** Any further comments/concerns/preventative ideas – please detail on back of report or attach other document ****

Completed By:			
Signature of Individual:		Date:	
Signature of Supervisor:		Date:	
Automatic referral to Peer Support completed?	☐ N/A ☐ No ☐ Yes		
Supervisor Recommendation:			

**** Forward completed report to Human Resources within 24 hours of incident ****
**** Forward copies of report to co-chairs of the Joint Health & Safety Committee ****