



RYERSON UNIVERSITY

INTERNAL ACCIDENT/INCIDENT/EXPOSURE (AIE) REPORT

Original Completed Report (4 pages) to be sent to the CEHSM, 11th Floor, Jorgenson Hall

<input type="checkbox"/> INJURY <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> EXPOSURE <input type="checkbox"/> INCIDENT (Near Accident)	<input type="checkbox"/> FACULTY <input type="checkbox"/> STAFF	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">DATE</td></tr> <tr><td style="text-align: center;">Day/Month/Year</td></tr> </table>	DATE	Day/Month/Year	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="text-align: center;">TIME</td></tr> <tr><td style="text-align: center;">Hrs./Mins. A.M./P.M.</td></tr> </table>	TIME	Hrs./Mins. A.M./P.M.	Control Number
DATE								
Day/Month/Year								
TIME								
Hrs./Mins. A.M./P.M.								
Building / Room / Location of Incident:								

Person Involved: Dept/Program

Supervisor's Name Dept/Program

(CIRCLE APPROPRIATE NUMBER(S) IN ALL COLUMNS)

TYPE OF CONTACT		TYPE OF INJURY		PART OF BODY			
				RIGHT SIDE		LEFT SIDE	
01	Struck Against (Running or Bumping into)	01	open wounds and lacerations				
02	Struck By (Hit by Moving Object)	02	bruising	01	head and neck	01	head and neck
03	Fall to Lower Level	03	foreign bodies in various sites	02	eyes	02	eyes
04	Fall on Same Level (Slip and Fall, Trip Over)	04	crushing injuries	03	ears	03	ears
		05	sprains and strains	04	nose	04	nose
05	Caught In (Pinch and Nip Points)	06	fractures and dislocations	05	teeth	05	teeth
06	Caught On (Snagged, Hung)	07	internal injuries	06	back and spinal column	06	back and spinal column
07	Caught Between or Under (Crushed or Amputated)	08	burns and scalds	07	chest	07	chest
		09	amputations	08	abdomen	08	abdomen
08	Contact With (Electricity, Heat, Cold Radiation, Caustics, Toxics, Noise, Sharps)	10	concussion	09	buttocks and pelvis	09	buttocks and pelvis
		11	asphyxiation or poisoning	10	hip	10	hip
09	Overstress; Overexertion; Overload	11	by gas or fumes	11	thigh	11	thigh
		12	asphyxiation other than by gas or fumes	12	knee	12	knee
Associated Risk --- Evaluation of Potential If NOT CORRECTED		13	electric shock	13	leg	13	leg
		14	other (provide details below)	14	ankle	14	ankle
1 Loss Severity Potential a Major b Serious c Minor				15	foot	15	foot
				16	toes	16	toes
2 Frequency of Exposure a High b Moderate c Rare				17	shoulder	17	shoulder
				18	arm	18	arm
3 Probability of Occurrence a Extensive b Moderate c Low				19	elbow	19	elbow
				20	forearm	20	forearm
				21	wrist	21	wrist
				22	hand	22	hand
				23	fingers	23	fingers
				24	thumb	24	thumb
				25	non-localized internal	25	non-localized internal
				26	not specified	26	not specified

Report Prepared By:

FOR SUPERVISOR TO FILL OUT OR THEIR DESIGNATE**DESCRIBE HOW THE EVENT OCCURRED**

*Describe the sequence of events leading up to the incident, **WHERE** the incident occurred, **WHAT** the person was doing at the time, and the **SIZE, TYPE** and **WEIGHT** of equipment or materials involved:*

KEEP IN MIND THE FOLLOWING CONTRIBUTING FACTORS:

People Equipment Materials Environment Process

IMMEDIATE CAUSES:

What Substandard Acts/Practices and Conditions caused or could have caused the event? Please use checklist on Page 4 and explain here.

BASIC CAUSES:

What Specific Personal or Job/System Factors caused or could have caused this event? Please use checklist on Page 4 and explain here.

OUTLINE WHAT ACTIONS HAVE BEEN DONE AND SHOULD BE DONE TO PREVENT SIMILAR ACCIDENTS

ACTIONS TO PREVENT INCIDENT RECURRENCE
 (check those actions taken to prevent recurrence, mark with a "P" other corrective actions decided upon but no yet taken):

<input type="checkbox"/>	Administration	<input type="checkbox"/>	Personal Protective Equipment
<input type="checkbox"/>	Leadership Training	<input type="checkbox"/>	Health and Hygiene Control
<input type="checkbox"/>	Planned Inspections and Maintenance	<input type="checkbox"/>	System Evaluation
<input type="checkbox"/>	Task Analysis and Procedures	<input type="checkbox"/>	Engineering and Change
<input type="checkbox"/>	Accident/Incident Procedures	<input type="checkbox"/>	Personal Communications
<input type="checkbox"/>	Task Observation	<input type="checkbox"/>	Group Communications
<input type="checkbox"/>	Emergency Preparedness	<input type="checkbox"/>	General Promotion
<input type="checkbox"/>	Rules and Work Permits	<input type="checkbox"/>	Hiring and Placement
<input type="checkbox"/>	Accident/Incident Analysis	<input type="checkbox"/>	Materials and Services Management
<input type="checkbox"/>	Knowledge and Skill Training	<input type="checkbox"/>	Off-the-Job Safety

Supervisor Comments:

LIST SPECIFIC ACTIONS TAKEN BY YOU as the Supervisor. PROVIDE any additional information that may help with the PREVENTION OF AN ACCIDENT of the same or similar nature

Supervisor's Signature

DATE: (day/month/year)

Checklist: (REVIEW AND MARK)

<input type="checkbox"/>	<i>Reviewed by Supervisor (Principal Investigator / Coordinator / Manager / Chair / Director / Dean)</i>
<input type="checkbox"/>	<i>Recommendations Made</i>
<input type="checkbox"/>	<i>Actions Taken</i>
<input type="checkbox"/>	<i>WSIB Employer's Report Form 7 filled out (for employees only) and ORIGINAL sent to HR -- copy kept in department file</i>
<input type="checkbox"/>	<i>Original Internal AIE Report sent to CEHSM</i>
<input type="checkbox"/>	<i>Copy of Internal AIE Report provided to employee</i>
<input type="checkbox"/>	<i>Copy of Internal AIE Report made for Department File</i>
<input type="checkbox"/>	<i>Copy of Internal AIE Report provided to appropriate LOCAL UNION OFFICE at Ryerson IF THERE IS AN INJURY OR MEDICAL ATTENTION IS PROVIDED as per s.52(1) OHSA</i>

DEPARTMENTAL SAFETY OFFICER (DSO) COMMENTS:

DSO's NAME:

DATE REVIEWED:

IMMEDIATE CAUSES: CHECK ALL APPLICABLE	
SUBSTANDARD ACTS/PRACTICES	SUBSTANDARD CONDITIONS
<i>An Unsafe Act or Practice is a violation of a known or accepted safe procedure which could permit the occurrence of an accident.</i>	<i>An Unsafe Condition is a hazardous physical condition or circumstance which could directly permit the occurrence of an accident.</i>

- Operating equipment without authority
- Failure to warn
- Failure to secure
- Operating at improper speed
- Failure to follow procedures
- Removing or making safety devices inoperable
- Using defective equipment
- Using equipment improperly
- Failing to use personal protective equipment properly
- Improper loading
- Improper placement
- Improper lifting
- Improper position for task
- Servicing equipment in operation
- Horseplay
- Under the influence of alcohol and/or other drugs

- Inadequate guards or barriers
- Inadequate or improper protective equipment
- Defective tools, equipment or materials
- Congestion or restricted action
- Inadequate warning system
- Fire and explosion hazards
- Poor housekeeping; disorder
- Hazardous environmental conditions; gases, dusts, smokes, fumes, vapours
- Noise exposures
- Radiation exposures
- Temperature Extremes (High or low temperature exposures)
- Inadequate or excess illumination
- Inadequate ventilation

BASIC CAUSES: CHECK ALL APPLICABLE	
PERSONAL FACTORS	JOB/SYSTEM FACTORS

- Inadequate Physical/Physiological Capability (Doctor's Opinion)
- Inadequate Mental/Psychological Capability (Doctor's Opinion)
- Physical or Physiological Stress
- Mental or Physiological Stress
- Lack of Knowledge
- Lack of Skill
- Improper Motivation

- Inadequate leadership and/or supervision
- Inadequate engineering
- Inadequate purchasing
- Inadequate maintenance
- Inadequate tools/equipment
- Inadequate work standards
- Excessive Wear and tear
- Abuse or misuse

REVIEWER'S REACTIONS TO THE INVESTIGATOR'S ANALYSIS OF THE BASIC CAUSES OF THIS ACCIDENT AND THE REMEDIAL ACTIONS DIRECTED AT POSSIBLE INADEQUACIES IN THE SYSTEM, ITS STANDARDS OR COMPLIANCE TO THE STANDARDS.
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Note: In most cases the Reviewer should be at the level of a Principal Investigator / Coordinator / Manager / Chair / Director / Dean.
Note: The Investigator will be the Supervisor of the person who was involved in the accident/incident

Name of Reviewer / Signature / Title / Date