WATERLOO REGION MUNICIPALITIES INSURANCE POOL
ACCIDENT / INCIDENT REPORT
THE CORPORATION OF THE CITY OF WATERLOO

Facility Address:		Incident Date:	
Activity / Program:		Incident Time:	

Report completed by:	Name:		Extension:	
	Title:		Department:	

INCIDENT INFORMATION:

Description of incident (please include relevant details such as site, contributing site conditions, weather conditions, footwear of injured party, machinery or equipment used, statements of injured party etc. If more space is required, please use the back of this form):

INJURY INFORMATION (this form is NOT to be used to report Municipal employee injuries):

Name of Injured Person:			
Address:			
Phone Number:		Age:	Male ☐ Female ☐
Description of Injury:			

* Death or Critical Injury?

Yes ☐   No ☐

"Critical Injury" means an injury of a serious nature that either:
1. places life in jeopardy;
2. produces unconsciousness;
3. results in a substantial loss of blood;
4. involves the possible fracture of a leg or arm, but not of a finger or toe;
5. involves an amputation, but not a finger or toe;
6. results in serious burns to a major portion of the body; OR
7. causes loss of sight to an eye.

Description of Treatment Provided:	

Treatment Provided by (Agency and Person):	
Address:	

Contacted: Ambulance ☐   911 ☐   Police ☐   Parents ☐   Other ☐

PROPERTY DAMAGE INFORMATION:

Owner of Damaged Property:		Phone #:	
Owner Address:			
Description of Property:			
Description of Damage:			

WITNESS INFORMATION:

Witness Name:		Phone #:	
Witness Address:			

Signature of person completing report: _____   **Date:** _____

SEND REPORT TO:
1.   Rhonda Bell, Accounting Supervisor, City of Waterloo, Fax 519-747-8760 OR scan and email to rhonda.bell@waterloo.ca
2. **Risk Manager, Waterloo Region Municipalities Insurance Pool, Fax # 519-741-2960.**
3. *** If the incident involves a Critical Injury and occurs at a Municipal workplace, secure the accident scene and notify the following for direction: ● Corporate Health and Safety at phone number 519-747-8736**
   ● **Ministry of Labour at phone number 1-877-202-0008 (the Ministry of Labour requires a written report within 48 hours of the critical injury - refer to the Critical Injury Procedures in your Safety Manual.)**