**POLAR Accident/Incident Reporting Procedures**

reference chart

Revised May 2020

**Employees, including supervisors, managers, and directors may consult with the OHS Specialist/Advisor for assistance**

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| **EMPLOYEE** | 1. Reports without delay to Supervisor any Hazardous Occurrence   (accident, incident, occupational disease, etc.) orally or in writing.   1. Calls a First Aid Attendant to provide first aid in case of an injury.   \*\*\**If the supervisor is not readily available, report to manager*\*\*\* |

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| **SUPERVISOR** | 1. Ensures First Aid and/or medical services are provided to injured employee. 2. Collects the following informationin the ESDC Labour LAB1070 - Hazardous Occurrence Investigation Report  * What type of occurrence (minor injury, disabling injury, spill, fire, etc.) * When and where the incident occurred; * Who was involved; * Brief summary of what happened.  1. Immediately reports incident to Manager |

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| **MANAGER** | |  | | --- | | Ensure immediate corrective action is taken to prevent reoccurrence and emergency response protocols are followed to care for the injured. |   **Immediately appoints a qualified investigator from OHS Committee members who have taken the Accident Investigation training by:**   * Forwarding general information collected by supervisor to the investigator; * Notifying the workplace OHS Committee no more than 24 hours after the incident is reported and the name of the person appointed to investigate |

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| **INVESTIGATOR**  **(on behalf of employer)** | **1-** Conducts investigation by:   * Using appropriate investigative techniques learned from accident investigation training * Completes the LAB1070 - Hazardous Occurrence Investigation Report * All fields of Lab 1070 must be filled out except for boxes 2 and 9   **2-** Workplace OHS Committee comments (Box 9) should be completed based on reporting timeline.  3- Submits LAB1070 form to Manager within 13 business days  **NOTE**: **the completed LAB1070 report must be signed by the manager and forwarded to the regional office of ESDC Labour Program within 14 business days** |

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| **MANAGER** | 1. Signs and forwards the LAB1070 to the Regional Office\* of ESDC Labour Program within 14 business days of the incident 2. Tables completed investigation report for review at the next workplace OHS Committee meeting 3. Ensures a copy of the report is kept on file in POLAR |

\*For Nunavut mail to the Vancouver office at 1400-300 West Georgia Street, Vancouver, British Columbia V6B 6G3 or send electronically at:

[NA-NWPR-OHS-SST-LS-NT-GD@labour-travail.gc.ca](mailto:NA-NWPR-OHS-SST-LS-NT-GD@labour-travail.gc.ca)

\*For Ottawa mail to the Ontario Regional Office located in Ottawa at 750-360 Laurier Avenue West, Narono Building, Ottawa, Ontario K1P 1C8 or send electronically at:

[ON-LAB-TRA-HOIR\_RESCR-GD@labour-travail.gc.ca](mailto:ON-LAB-TRA-HOIR_RESCR-GD@labour-travail.gc.ca)

**Workers Compensation**

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| **Hazardous Occurrence** such as:   * Incident, near misses with no injuries * Fire, spill * Damaged equipment * Etc. | **First Aid**  **injury** | **Minor injury**  **with medical treatment** but with no lost time after the day of injury  (treatment at hospital, by doctor, physio, etc.) | **Disabling injury**  (lost time from work starting the day after the incident – the day of the incident is not considered lost time) |

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| **Workers Compensation** **claim**  **NOT required** | **Workers Compensation** **claim**  **IS required** |

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| In Cambridge Bay, the [**Alberta WCB Employer Report of Injury or Occupational Disease**](https://www.wcb.ab.ca/assets/pdfs/employers/c040_instn.pdf) must be filled out by a manager and the [**Alberta WCB Worker Report of Injury or Occupational Disease**](https://www.wcb.ab.ca/assets/pdfs/workers/c060_with_instructions.pdf)must be filled out by the injured worker.  For the Ottawa office, the Ontario Workplace Safety and Insurance Board (WSIB) [**Form 7 Employer’s Report of Injury/Illness**](https://www.wsib.ca/sites/default/files/2019-03/form7.pdf) must be filled out by a manager and [**Form 6 Worker’s Report of Injury/Illness**](https://www.wsib.ca/sites/default/files/2019-02/0006a_fs_09_15.pdf) must be filled out by the injured worker.  All compensation claim forms **must** be forwarded to the **Federal Workers Compensation Services** within three (3) business days, and **not directly** to the WSCC (Nunavut) or the WSIB (Ontario), at the following email address or by fax.  [NC-FWCS-SFIAT-CLAIMS-RECLAMATIONS-GD@hrsdc-rhdcc.gc.ca](mailto:NC-FWCS-SFIAT-CLAIMS-RECLAMATIONS-GD@hrsdc-rhdcc.gc.ca),  fax: 819-934-6590 |