

**UNION FACT SHEET – WSIB CLAIMS**

**CONFIDENTIAL – ONLY FOR THE UNION’S USE**

**To be filled out by the Steward.**

**PLEASE PRINT**

(If you need more space, use the back of the form or attach additional pages, if necessary.)

**WHO WAS INVOLVED IN THE ACCIDENT?**

**Injured Worker:**

Name.....	Employee #.....	Seniority date.....
Department.....	Job/Classification.....	
Address.....	Phone Number.....	

**Supervisor or Other Management Involved:**

Name.....	Department.....
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**Witnesses or Other Persons Involved** (Include anyone who saw the accident happen, came to help, administered first aid, etc. If more space needed, use back of form.)

Name.....	Employee #.....	Telephone #.....
Department.....	Job/Classification.....	

Name.....	Employee #.....	Telephone #.....
Department.....	Job/Classification.....	

Name.....	Employee #.....	Telephone #.....
Department.....	Job/Classification.....	

Name.....	Employee #.....	Telephone #.....
Department.....	Job/Classification.....	

**WHEN DID THE ACCIDENT TAKE PLACE?** (Date, precise time, before, during or after shift, etc.)

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**WHERE DID THE ACCIDENT TAKE PLACE?** (Exact location – whether inside or outside plant, department, machine, aisle, job number, etc. If outside, specify exactly where on employer’s premises.)

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**WHAT WAS THE NATURE OF THE INJURY?** (Part of body injured? Cut? Bump? Strain?)

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**WAS THE INJURY CRITICAL?** (As defined in *OHS*A regulations – places life in jeopardy, produces unconsciousness, results in substantial loss of blood, fracture or amputation of arm or leg or loss of sight – if yes, JHSC and Union to be informed immediately, Ministry of Labour to be informed within 48 hours.)

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**WHAT HAPPENED TO CAUSE THE INJURY?** (Include as many details as possible: What was employee doing at the time? Did it involve a lift? What was being lifted, and approximate weight? Did it involve a slip and fall? Did it involve a falling object? Did it involve machinery or equipment? Was there a specific incident or was there a gradual onset of pain? If a gradual onset of pain, when was it first noticed and what was the employee doing at the time? Had this pain come on at work before? When?)

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**WAS THE ACCIDENT REPORTED TO A SUPERVISOR? IF SO, WHO TOOK REPORT?**

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**WAS FIRST AID ADMINISTERED?** (If so, who administered first aid? Note: WSIB regulations set out first aid requirements, including employee trained in first aid on each shift if more than 15 employees.)

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**WAS INJURED EMPLOYEE ABLE TO CONTINUE WORKING THE REST OF THE SHIFT?**

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**IF NOT, WAS HE/SHE PROVIDED WITH TRANSPORTATION TO HOSPITAL OR HOME?** (If so, where sent, by whom and by what method? Requirement in *WSIA* s. 38, if worker needs it.)

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**WERE THERE ANY WORKPLACE CONDITIONS WHICH COULD HAVE CAUSED OR CONTRIBUTED TO THE ACCIDENT?** (Slippery floor, machine/equipment failure, hazardous substance?)

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**IF SO, HAS THE JOINT HEALTH AND SAFETY COMMITTEE REVIEWED THE SITUATION?** (Note: s. 52 of the *OHSA* – the JHSC be informed when an accident causes a person to be disabled from performing his/her regular work, or requires medical attention or if a worker has an occupational illness.)

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**WAS INJURED EMPLOYEE PAID FOR THE FULL SHIFT ON THE DAY OF THE INJURY?** (If not, this should be corrected – *WSIA* s. 24 requires this.)

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**HAS THE INJURED EMPLOYEE LOST TIME FROM WORK SINCE THE ACCIDENT?** (State whether employee has returned to work or not, date returned, part time or full time.)

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**IF LOST TIME, IS WSIB PAYING BENEFITS?** (Include details of any problems with WSIB claim and advise employee to contact and send copy of WSIB decision to the Union office.)

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**HAS THE EMPLOYEE RETURNED TO REGULAR DUTIES OR MODIFIED WORK?** (Include details of modified work, e.g. graduated hours, lighter work in same department, different department.)

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**ANY OTHER EMPLOYEES AFFECTED BY MODIFIED WORK?**

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