Workplace Safety & Prevention Services®

INFORMATION

INJURY ANALYSIS REPORT

A. Company Information

Firm Name					
WSIB Firm Number		WSIB Class			
Address					
City/Town				Postal Code	
Reporting Period	From Day / Month / Year		To Day / Month / Year		
Prepared by			Date Day / Month / Year		

If you would like additional guidance using this report or are interested in next steps with your Health and Safety programs, feel free to contact our Customer Care team at www.wsps.ca or call us at 1 877 494 9777.

B. Nature of Injury or Disease

Department/ Occupation	Sprain, strain (including tendons, joints & other MSDs)	Occupational illness	Bruises/contusions	Fractures	Concussion	Cuts/laceration/puncture	Traumatic injury	Mental disorder/illness	Abrasion/scratches and other superficial injuries	Burn or scald (heat)	Amputation	Burn (chemical)	Other			Total / As a %
																%
																%
																%
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																%
																%
																%
																%
Total																
As a %																100 %

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C. Part of Body

Department/ Occupation	Ankle(s)	Arm(s) (above wrist, not elbows)	Lower back (including back muscles, spine, spinal cord)	Upper back (including neck)	Elbow(s)	Eye(s)	Finger(s)	Foot/feet	Hand(s)	Head (not including eyes)	Internal injuries	Knee(s)	Leg(s) (not knee(s))	Shoulder(s)	Wrist(s)	Other	Total / As a %
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Total																	
As a %																	100 %

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D. Source of Injury or Disease

Department/ Occupation	Bodily motion (e.g., bending, reaching, walking)	Boxes, crates, cartons	Chemicals	Furniture and fixtures	Hand tools (non-powered)	Hand tools (powered)	Ladders	Machines (e.g., presses, extruders, mills, saws)	Non-powered vehicles (e.g., hand trucks, dollies)	Powered vehicles (e.g., forklifts, stackers)	Structures (e.g., walkways, floors, buildings)	Computers/peripherals	Material (e.g., metal, wood, plastic, concrete)	Scrap/waste/debris	Infectious or parasitic agent	Other	Total / As a %
																	%
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Total																	
As a %																	100 %

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E. Event of Exposure

Department/ Occupation	Bodily reaction (getting hurt without making contact with anything else)	Caught in or compressed by equipment or objects	Contact with temperature extremes	Exposure to caustic, noxious or allergenic substances	Fall on same level	Fall to lower level	Overexertion (in lifting, pulling, pushing, carrying, etc.)	Repetitive motion	Rubbed or abraded by foreign matter in eye	Struck against object	Struck by object	Assault, violent act, harassment	Fire/explosion	Other			Total / As a %
																	%
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Total																	
As a %																	100 %

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F. The Cases

All Cases	Cases	As a % of total
From form 7 reports		
From first aid reports		
Total		**100%**

Lost Time Cases	Cases	
Total lost time case		
Total days lost	Days lost	
Average days lost per case	Days lost per case	

Health Care Cases	Cases	
Total health care only cases		

G. Day and Time of Injury or Disease

Day of Injury or Disease	Cases	As a % of total
Sunday		
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Total		**100%**

Time of Injury or Disease

	12:00 - 12:59	1:00-1:59	2:00-2:59	3:00-3:59	4:00-4:59	5:00-5:59	6:00-6:59	7:00-7:59	8:00-8:59	9:00-9:59	10:00-10:59	11:00-11:59	**Total**
a.m.													
p.m.													

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H. The Injured Workers

Length of Time on the Job	Cases	As a % of total
1 - 7 days		
8 - 30 days		
31 days - 6 months		
More than 6 months, but not more than 1 year		
More than 1 year, but not more than 3 years		
More than 3 years, but nor more than 5 years		
More than 5 years		
Total		**100%**

Age	Cases	As a % of total
25 - 29 years		
30 - 34 years		
35 - 39 years		
40 - 44 years		
45 - 49 years		
50 - 54 years		
55 - 59 years		
60 - 64 years		
65+ years		
Total		**100%**

Gender	Cases	As a % of total
Female		
Male		
Other		
Total		**100%**

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I. Summary of Key Findings

J. Recommended Actions

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