



POLICY – SA 26

INJURY REPORTING

APPROVAL DATE:	2022-03-21	CROSS-REFERENCE:	
RESPONSIBILITY:	Administration		
APPROVER:	Council	APPENDICES:	
REVISION DATE (s):		REVIEW DATE:	2026

POLICY STATEMENT

To establish the rules governing the reporting of all Employee injuries or accidents while on duty for the Village of Marwayne.

BACKGROUND

Compliance with Occupational Health and Safety (OHS) legislation and Workers Compensation Board (WCB) is paramount in any industry. This policy has been developed to ensure accidents and incidents are reported in a timely manner for both the Employees and Employers protection.

OBJECTIVE

To safeguard the health and safety of Village of Marwayne Employees by reporting any and all accidents or injuries immediately to the CAO.



DEFINITIONS

CAO is the Chief Administrative Officer for the Village of Marwayne in the Province of Alberta.

Employee is a full-time permanent Employee of the Village of Marwayne in the Province of Alberta.

Employer is the Village of Marwayne in the Province of Alberta.

Village is the Village of Marwayne in the Province of Alberta.

GUIDING PRINCIPLES

This policy applies to all Village of Marwayne Employees and is subject to the terms set forth below:

- All Employees must comply with the Occupational Health and Safety and Workers Compensation Board regulations in the Province of Alberta.
- All Employees must immediately report any incident, injury, and/or near miss to their immediate supervisor and the CAO.
- All incidents, injuries, and/or near misses must be recorded and logged in the Employees personnel file.
- All Employees who have suffered an injury or accident will be provided with the appropriate medical care as soon as is reasonably possible.
- All lost time accidents and/or modified work placements must be reported to the Workers Compensation Board in accordance with the timeframes and procedures established under the legislation.
- Employees who do not notify their immediate supervisor and the CAO of their injury, accident or near miss may render themselves ineligible for Workers Compensation Board coverage.



ROLES & RESPONSIBILITIES

ROLE/TASK	TITLE (s) OF PERSON RESPONSIBLE
HANDLING INQUIRIES & COMMUNICATING POLICY	Chief Administrative Officer
MONITORING REVIEWS AND REVISIONS	Administrative Assistant



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INCIDENT REPORTING FORM

EMPLOYEE DETAILS

FIRST NAME		LAST NAME	
DATE OF BIRTH		JOB TITLE	
SIN #		HEALTH CARE #	
MAILING ADDRESS			
PHONE #		EMAIL ADDRESS	

ACCIDENT DETAILS

DATE OF INCIDENT		TIME OF INCIDENT	: AM / PM
LOCATION OF INCIDENT		REPORTED TO	
TYPE OF INJURY		BODY PART	
DATE AND TIME INCIDENT REPORTED		HOW WAS THE INCIDENT REPORTED? (INPERSON/PHONE/EMAIL)	
DESCRIBE THE INCIDENT (WHAT WERE YOU DOING, WERE YOU USING EQUIPMENT, WHAT WAS THE WEATHER, WHAT TYPE OF PPE YOU HAD ON, ETC.)			

Completed by: _____

Received by: _____

Date: _____

Date: _____

Signature: _____

Signature: _____