

Appendix K – Incident/Accident Organizational Summary Tool

Year: _____

Dept/ Unit	Type of Client Handling Activity				Incident/Accident Type				Totals			Rating Highest to Lowest**
	Transfer	Lift	Lateral Slide	Reposition	First Aid	Medical Aid	Lost Time	Total Claim Costs	Total Incident/ Accidents	Total Days Lost	Total Claims Cost* \$\$	
Organization TOTAL:												

* From WSIB Claims Cost Statement

** Organization's preference for ranking may be based on total number of incidents, total days lost or total claims cost