



## Incident/Accident Organizational Summary

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