

File 525-051

January 28, 2004

To All Local Presidents

Subject: **Accident Investigation Report**

A new Accident Investigation Report has been developed to assist Local Union Representatives during the accident investigation process, help the Union in gathering complete and accurate accident investigation information, and ensure workers' compensation claims are dealt with fairly. This document is attached and can be downloaded from the National CUPW website.

Canada Post has been making changes in many Locals that reduce the quality of accident investigation information. Examples include not allowing Union Representatives to be present during the completion of the SAIR and injury on duty forms.

These changes have been grieved nationally - National Grievance N00-00-00012. Locals, however, must continue to grieve individual violations; they are strongly encouraged to file grievances under Article 33.06 of the collective agreement concerning any employer interference of this process. Union Representatives have the right to be present, to participate fully in all accident investigations (this includes near misses), and to assist workers in completing all required forms.

Dossier : 525-051

Le 28 janvier 2004

À l'attention de tous les présidents et présidentes de section locale

Objet : **Rapport d'enquête sur les accidents du travail**

Un nouveau rapport d'enquête sur les accidents du travail a été élaboré dans le but d'aider les représentantes et représentants syndicaux locaux dans le cadre du processus d'enquête à la suite d'un accident, d'aider le Syndicat à recueillir des renseignements complets et précis sur les accidents et de veiller à ce que les demandes d'indemnisation présentées par les victimes soient traitées de façon équitable. Le formulaire d'enquête se trouve ci-joint et peut être téléchargé à partir du site Web national du STTP.

Postes Canada a procédé, dans de nombreux lieux de travail, à des changements qui diminuent la qualité des renseignements recueillis dans le cadre d'une enquête sur un accident du travail. À titre d'exemple, les représentantes et représentants syndicaux n'ont pas le droit d'être présents pendant que le surveillant ou la surveillante remplit son rapport relativement à une enquête sur un accident (RSEA) et le formulaire relatif aux accidents sur les lieux de travail.

Ces changements ont fait l'objet d'un grief national (N00-00-00012). Toutefois, les sections locales doivent continuer de déposer un grief pour chaque infraction commise par l'employeur. Nous les encourageons vivement à déposer un grief aux termes de l'article 33.06 de la convention collective relativement à toute entrave de l'employeur au déroulement de ce processus. Les représentantes et représentants syndicaux ont le droit d'être présents, de participer du début à la fin à toutes les enquêtes portant sur un accident du travail (y compris les accidents qui ont failli se produire) et d'aider les travailleurs et travailleuses à remplir tous les formulaires exigés.

The changes will also weaken the efforts of the Union to determine the real causes of injuries, prevent further injuries, and to correct workplace hazards. The outcome of this inferior accident investigation information will lead to more refusals of workers' compensation claims. The Union believes that the employer's primary objective is to get our members back to work on modified duties as quickly as possible and not necessarily respect the health and safety of ill or injured workers.

Ces changements auront aussi pour effet d'affaiblir les efforts du Syndicat visant à déterminer les véritables causes des accidents, à empêcher que d'autres accidents ne se produisent et à prendre des mesures pour éliminer les dangers en milieu de travail. La piètre qualité de l'information recueillie sur un accident du travail aura pour effet d'accroître le taux de refus des demandes d'indemnisation. Le Syndicat est d'avis que l'objectif premier de l'employeur est de faire en sorte que les membres retournent au travail dès que possible pour accomplir des tâches modifiées sans nécessairement respecter la santé et la sécurité des travailleurs et travailleuses malades ou blessés.

Please ensure that all Local Health and Safety Representatives and Shop Stewards are provided with this form and use it during all investigations. This is an internal document and once completed should be kept on file at the Local Union office. The information may be required at a future time.

Veillez à ce que chaque représentante et représentant syndical en santé et en sécurité de votre section locale de même que chaque déléguée et délégué syndical de votre section locale reçoivent ce formulaire et l'utilisent dans le cadre de chaque enquête. Il s'agit d'un document interne qui, une fois rempli, doit être conservé dans les dossiers de la section locale. Il se peut que l'information recueillie soit requise ultérieurement.

I thank you in advance for your attention to this very important issue.

Je vous remercie à l'avance de l'attention que vous porterez à cet important dossier.

In solidarity, / Solidarité,



Gayle Bossenberry  
National Union Representative/Permanente syndicale nationale  
Health and Safety/Santé et sécurité

c.c. National Executive Board / Conseil exécutif national  
National Union Representatives / Permanentes et permanents syndicaux nationaux  
National Health and Safety Committee / Comité national de santé et de sécurité  
Regional Education and Organization Officers / Dirigeantes et dirigeants régionaux de l'éducation et de l'organisation  
Regional Grievance Officers / Dirigeants régionaux des griefs  
Regional Union Representatives / Permanentes et permanents syndicaux régionaux

Attachment

Pièce jointe

GB/jp opeiu

map scfp 1979



# ACCIDENT INVESTIGATION REPORT

(FOR CUPW INTERNAL USE ONLY)

- NOTE**
- Please ensure that all portions of this form (both pages) have been completed, entering “not applicable”, if necessary.
  - Do not use shaded areas.
  - If additional pages are required, number the pages and attach them to this report.
  - Completed report is to be filed at the Local’s office.

- The employer **must** conduct an investigation to determine the circumstances surrounding the accident.
- A CUPW representative **must** be present and involved for the entire process of investigation.
- CPC should contact the Local CUPW Office to arrange for representation, if there is no CUPW representation on site.

*(Refer to Article 33.06, Information and Investigations Concerning Work Accidents, Agreement between Canada Post Corporation and the Canadian Union of Postal Workers.)*

## CUPW Local Information

Local:	Region:
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## Injured Member Information

Name:	Employee #	Address:	Home Telephone #:
Classification:	CUPW Member #:		Work Telephone #:
Supervisor Name:	Section:	Shift:	

## Postal Facility

Address:	
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## Accident Information

Date of accident:	Time of accident:	Site of accident:	
Accident Reported to:	Date reported:	Time reported:	
Name of witness(es) (if more than 2 witnesses, use additional sheet):			Telephone #:
Name of witness(es):			Telephone #:
Weather conditions (if applicable):			
Describe events leading to accident:			
Describe what happened (Note if additional sheets are attached.):			
Describe Injury:			

OVER

**Accident Information (cont'd)**

Cause of injury (Was this caused by the organization of the work floor, faulty equipment/lack of maintenance, workload, repetitive strain, lack of training, proper equipment not available, known hazards not corrected, missing/faulty safety devices, housekeeping, etc.? List all possible causes):

Was the hazard previously reported to the employer?:  Yes, insert date: \_\_\_\_\_  No Is this a re-occurring hazard?  Yes  No

What were the Union's recommendations concerning the previously reported hazard?:

What was the employer's response?

Equipment involved (If more than two pieces of equipment involved, include on additional pages):

Type/name of equipment:	Serial #:	Type/name of equipment:	Serial #:
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**Medical Treatment**

Was first aid given?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Describe treatment:
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Name of person who provided treatment:	Did member seek other medical attention?: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Were the applicable forms completed without delay?: <input type="checkbox"/> Yes <input type="checkbox"/> No	In the presence of the member?: <input type="checkbox"/> Yes <input type="checkbox"/> No
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In the presence of a CUPW representative?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of CUPW representative:
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Were copies of the applicable forms given to the member and/or CUPW upon completion?:  Yes  No

Date copies given: \_\_\_\_\_ Original?:  Yes  No      Photocopy?:  Yes  No

**Employer Accident Report**

How did the employer report this accident? (i.e., blame the worker?):	Did it differ from the information contained in this report? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Do you agree with the employer's report? (If yes, explain why. If no, explain why not.)

**Next Steps and Closing**

Next Steps (Provide as many details as possible.):

WCB claim?: <input type="checkbox"/> Yes, insert date: _____ <input type="checkbox"/> No	Approved?: <input type="checkbox"/> Yes, insert date: _____ <input type="checkbox"/> No	Denied?: <input type="checkbox"/> Yes, insert date: _____ <input type="checkbox"/> No
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Disability insurance claim?:  Yes, insert date: \_\_\_\_\_  No

Returned to modified duties?: <input type="checkbox"/> Yes, insert date: _____ <input type="checkbox"/> No	Time lost?: <input type="checkbox"/> Yes, insert date(s): _____ <input type="checkbox"/> No
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Name of investigating CPC representative:	Position of CPC representative:
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Name of investigating CUPW representative:	Signature:
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Was the Union representative directly involved in the investigation of this accident?:  Yes  No

Date of this report:	Number of additional pages:	Total number of pages: (Include this report in count.)
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