Section A: Details of incident

- [ ] Injury
- [ ] Work related illness
- [ ] Non work-related illness
- [ ] Electrical incident
- [ ] Environmental incident
- [ ] Property damage
- [ ] Dangerous event
- [ ] Laboratory incident

Name of person completing report: ____________________________________________

Department: __________________________ Phone: _____________________________

Date incident occurred: ________________ Time incident occurred: ________ am/pm

Name of injured person: ______________________________________________________

Incident occurred while:
- [ ] At work
- [ ] Traveling to/from work
- [ ] On meal break
- [ ] Other

Date reported: ________________ Reported to: ____________________________

Location of Incident: (external area / building & room etc)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

What happened? (What were you doing at the time of the incident? Briefly describe how it happened.)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

List any witnesses: (names, telephone)

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Section B: Details of injured person and injury

Student/Staff ID: ___________________ M F Date of birth: ___________________

Telephone: ________________ Position title: ________________ Department: ________________

Employment status:

☐ Faculty
☐ Staff
☐ Undergraduate student
☐ Visitor/member of public
☐ Graduate student
☐ Volunteer
☐ Other:

Employment basis: ☐ Full-time ☐ Part-time

Name of injured person's supervisor: ___________________________________________

Details of treatment required: ☐ None ☐ Self ☐ First aid **
☐ Hospital ☐ Seen by other Medical Doctor

**Describe first aid treatment given:

________________________________________________________________________________

Nature of injury:

☐ Allergy or sensitivity ☐ Fracture/dislocation ☐ Occupational overuse injury
☐ Respiratory ☐ Burn / scalds ☐ Exposure effects heat/cold
☐ Asphyxiation ☐ Contusion/crush ☐ Communicable disease
☐ Internal injuries ☐ Puncture ☐ Concussion or other neuro injury
☐ Fainting ☐ Bruising ☐ Skin condition eg dermatitis/ eczema
☐ Poisoning/toxic effects ☐ Laceration/deep cut ☐ Hearing loss
☐ Hernia ☐ Sprain/strain ☐ Vision impairment
☐ Foreign body ☐ Nausea/vomiting ☐ Electric shock or effects
☐ Amputation ☐ Multiple injuries ☐ Psychological disorder/stress effects
☐ Other

Part of body affected:

☐ Left ☐ Back ☐ Buttock □ Forearm ☐ Thigh ☐ Head
☐ Right ☐ Neck ☐ Internal ☐ Wrist ☐ Knee ☐ Face
☐ Groin /hip ☐ Shoulder ☐ Hand ☐ Shin/calf ☐ Ear
☐ Chest ☐ Upper arm ☐ Fingers/thumb ☐ Ankle ☐ Eye
☐ Stomach / trunk ☐ Elbow

Further description of injury/illness (if required):

________________________________________________________________________________

________________________________________________________________________________
### Agency of injury (what?)
- Vehicle/transport
- Lifting/ Carrying
- Repetitive work
- Needle/sharp
- Noise
- Electrical
- Objects
- Other (please specify):

### Action/ mechanism which caused injury (how?)
- Fall from height
- Muscle stress – repetitive
- Muscle stress- loads
- Hitting object
- Noise
- Slip/trip
- Other (please specify):

### Section C: Incident Investigation

*This section is to be completed by the local supervisor or department head for any incident involving personal injury, and for a serious incident or near miss where required.*

Identify any factors contributing to the incident.

- Design issues
- Inadequate supervision
- Inadequate/ lack of training
- Failure to follow work procedures
- Lack of experience
- Lack of appropriate Personal Protective Equipment
- Environment (eg floor/ground surface)
- Inadequate space
- Unforeseeable event
- Inadequate safety procedures
- Improper use/storage of materials
- Other environmental conditions (eg weather, lighting, ventilation, temperature)
- Equipment malfunctioning
- Poor/lack of suitable equipment
- Personal factors-stress, fatigue
- Inadequate equipment maintenance
- Poor housekeeping
- Other

Preventative/Corrective Actions:
*Describe the follow up actions planned or taken to prevent a similar incident.*

Preventative/Corrective Actions:

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<thead>
<tr>
<th>Preventative/Corrective Actions</th>
<th>Completion date</th>
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Supervisor/Department head signature

- Copy filed with department
- Copy sent to Environmental Health and Safety
- Copy sent to Risk Management