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  ☐ Graduate student
☐ Undergraduate student  ☐ Visitor/member of public  ☐ 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  ☐ Foot/toe

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.

______________________________________________________________

______________________________________________________________

______________________________________________________________

Completion date ____________________________

Supervisor/Department head signature ________________________________________________________________

□ Copy filed with department □ Copy sent to Environmental Health and Safety

□ Copy sent to Risk Management