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 Risk Management
- Copy sent to Environmental Health and Safety