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
- Undergraduate student
- Other: 

Employment basis: Full-time Part-time 

Name of injured person's supervisor: 

Details of treatment required:

- None
- Hospital
- Self
- First aid **
- Seen by other Medical Doctor

**Describe first aid treatment given:

Nature of injury:

- Allergy or sensitivity
- Respiratory
- Asphyxiation
- Internal injuries
- Fainting
- Poisoning/toxic effects
- Hernia
- Foreign body
- Amputation
- Other

Occupational overuse injury
- Exposure effects heat/cold
- Communicable disease
- Concussion or other neuro injury
- Skin condition eg dermatitis/ eczema
- Hearing loss
- Vision impairment
- Electric shock or effects
- Psychological disorder/stress effects

Part of body affected:

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

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):
☐ Radiation
☐ Biological agent (eg pathogens)
☐ Thermal (heat/cold)
☐ Animal/Insect
☐ Mobile plant/equipment
☐ Machinery/fixed plant
☐ Workstation design
☐ Situation (violence, assault)
☐ Psychological/social
☐ Exposure to radiation
☐ Non-power tool
☐ Power tools
☐ Surface (slippery/rough)

Action/mechanism which caused injury (how?)
☐ Fall from height
☐ Exposure to chemicals
☐ Exposure to biological material
☐ Muscle stress – repetitive
☐ Exposure to heat/cold
☐ Hit by/trapped in moving object
☐ Muscle stress- loads
☐ Exposure to radiation
☐ Exposure to vibration
☐ Hitting object
☐ Insect/animal bite
☐ Mental stress factors
☐ Noise
☐ Pressure
☐ Slip/trip
☐ Vehicle accident
☐ 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
☐ Environment (eg floor/ground surface)
☐ Equipment malfunctioning
☐ Inadequate supervision
☐ Inadequate space
☐ Poor/lack of suitable equipment
☐ Inadequate/ lack of training
☐ Unforeseeable event
☐ Personal factors-stress, fatigue
☐ Failure to follow work procedures
☐ Inadequate safety procedures
☐ Inadequate equipment maintenance
☐ Lack of experience
☐ Improper use/storage of materials
☐ Poor housekeeping
☐ Lack of appropriate Personal Protective Equipment
☐ Other environmental conditions
☐ Other
(eg weather, lighting, ventilation, temperature)

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