

To be completed within 24 hours by the individual directly involved with the incident/injury [where possible] or alternate witness

FILLABLE PDF FORM

How to Complete an Incident Report Form:

1. **Faculty or Staff:** After completion, sign and give this form to your supervisor immediately.
2. **Student, visitor or contractor:** Please send completed form to health.safety@uregina.ca. **Complete Page 1 only**
3. **Supervisor/Manager:** Please complete the supervisor's/manager's section found on page 2. Sign and submit the completed form to your AVP/Dean/Director.
4. **AVP/Dean/Director:** Review the incident report form and actions recommended by the supervisor. **Sign and submit to Health and Safety – health.safety@uregina.ca**

Name: _____	Employee/Student ID #: _____
Address: _____	Position: _____
City/Postal Code _____	Department/Faculty: _____
Primary phone: _____	Supervisor Name: _____ <small>(Required for Faculty /Staff Only)</small>
Work phone: _____	Supervisor Phone: _____ <small>(Required for Faculty /Staff Only)</small>
Employment category: <input type="checkbox"/> Staff <input type="checkbox"/> Student <input type="checkbox"/> Faculty OTHER: <input type="checkbox"/> Visitor <input type="checkbox"/> Contractor	
Incident Date: _____	Time: _____ am <input type="checkbox"/> pm <input type="checkbox"/>
Building Name: _____ <small>(UofR campus or off campus)</small>	Room#: _____ <small>(If applicable)</small>

Please describe how the incident occurred. If more room is required, please attach a Word document to this report):

Please provide details of injury/illness & treatment (e.g. body part involved, cut, strain, bruise, illness, symptoms and date of onset, etc.):

Was medical treatment received by? *Family physician *Hospital *Other _____ *No

*Seek medical attention if symptoms arise or persist and contact Health & Safety at health.safety@uregina.ca and/or Healthy Workplace Advisor, Stuart Signarowski at hwa@uregina.ca or call (306) 337-3269.

Did the above incident/injury cause you to miss time from work or from your studies? **(DO NOT include the date of incident/injury)** Yes No
(If Yes, what was the first date **(not including the date of incident/injury)** you missed work or your studies _____)

- If yes, have you returned to work? Yes ↓ What date? _____ No
- ****Faculty/Staff** who miss time from work due to incident/injury are encouraged to contact the University of Regina Healthy Workplace Advisor, Stuart Signarowski at (306) 337-3269 or by email at hwa@uregina.ca
- What are your regular days/hours of work [i.e.: Monday to Friday 8:15 to 4:30] _____

Signature _____

Date _____

SUPERVISOR/MANAGER SECTION

This section MUST be completed by supervisor/manager within 24 hours of incident/injury prior to submitting to Health and Safety or it will be returned

What do you believe were the causes of the unsafe situation or incident, and what preventative measures will be or have been taken to avoid a reoccurrence of this incident?

Employee Supervisor/Manager Name: _____
(Please print)

Employee Supervisor/Manager Signature: _____ Date: _____

DEAN/DIRECTOR SECTION (if applicable)

Additional comments, if any

Dean/Director Signature: _____ Date: _____

**Submit completed and signed Incident Report
to**

Health & Safety ONLY!

**Email: Health.Safety@uregina.ca
Office: Human Resources, Administrative Humanities (AH 435)**