



Although you might not expect to be seriously injured in a slip, trip or fall, they can and do cause serious injuries that might last a lifetime. As temperatures drop and snow flies, the number of injuries due to slips, trips and falls increases and are one of the leading causes of injuries in Saskatchewan.

According to the Canadian Centre for Occupational Health and Safety, more than 42000 Canadians are injured annually due to falls. Statistics also show that the majority (66%) of slips and trips occur on the same level of ground. The remaining (34%) are falls from heights, such as ladders, stairs or roofs.

## TIPS TO AVOID INJURY

1. Walk slowly and deliberately, focus on the path ahead.
2. Where possible, avoid slippery surfaces such as puddles, icy areas and snow banks.
3. Wear appropriate footwear with slip-resistant soles to work. Change to indoor footwear. Ice grippers that attach to footwear can provide additional traction.
4. Use handrails where available.
5. Check to make sure entrance areas and stairs are clear of snow and slush. Snow and slush that is tracked indoors often cause slips and falls.
6. Clean your footwear when you go inside. Snow and ice that is caked to the soles of footwear can be treacherous.
7. Report **all** slips, trips, and falls to your supervisor by completing an **Incident Report**.



**INCIDENT REPORT FORM**

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

**FILLABLE PDF FORM**

**Instructions for completion:**

- Faculty or Staff: All incidents involving a faculty or staff member must be reported immediately to your supervisor or the Health, Safety & Wellness Department. If you are a faculty or staff member, please contact your supervisor or the Health, Safety & Wellness Department.
- Student, visitor or guest: Please contact the Health, Safety & Wellness Department immediately if you are a student, visitor or guest who has been injured on campus. If you are a student, please contact your supervisor or the Health, Safety & Wellness Department.
- Supervisor/manager: Please contact the Health, Safety & Wellness Department immediately if you are a supervisor or manager who has been notified of an incident involving a faculty or staff member.
- AVP/Director: Please contact the Health, Safety & Wellness Department immediately if you are the AVP/Director who has been notified of an incident involving a faculty or staff member.

Name: \_\_\_\_\_ Department: \_\_\_\_\_  
 Current Address: \_\_\_\_\_ Title/Department: \_\_\_\_\_  
 City/Postal Code: \_\_\_\_\_ Department/Faculty: \_\_\_\_\_  
 Home/Cell phone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_  
 Work phone: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_  
 Employment category:  Staff  Student  Faculty  Visiting  Contractor

Incident Date: \_\_\_\_\_ Time: \_\_\_\_\_ AM  PM   
 Building Name: \_\_\_\_\_ Room: \_\_\_\_\_

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

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

Was medical treatment received by?  Family physician  Hospital  Other  No

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 reason and for how long? (e.g. I missed 3 days from work due to the incident/injury.)

If YES, how long are you expected to be out of work?  1-2 weeks  3-4 weeks  More than 4 weeks

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# HEALTH, SAFETY & WELLNESS INCIDENT REPORT

**SUPERVISOR/MANAGER SECTION**

**This section MUST be completed by supervisor OR manager within 24 hours of incident/injury prior to submitting Incident Report to Health, Safety and Wellness or it will be returned.**

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

Supervisor OR Manager's Name: \_\_\_\_\_ (Please print)  
 Supervisor OR Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

AVP/Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Submit the ~~completed~~ Incident Report to:  
**Health, Safety & Wellness ONLY!**  
 Email: [HealthSafety@uregina.ca](mailto:HealthSafety@uregina.ca)  
 Office: Human Resources, Administrative Humanities (AH 416)



There are so many important reasons why all slips, trips and falls need to be reported (Incident Report). Incident Reports help identify hazards on our campuses and an opportunity to resolve them as soon as possible.



**IF CAMPUS SECURITY (306) 585-4999 or HEALTH, SAFETY & WELLNESS ([health.safety@uregina.ca](mailto:health.safety@uregina.ca)) IS NOT MADE AWARE OF AN INCIDENT/HAZARD.....WE CANNOT RECTIFY IT!**

**Regardless of where you work on campus - make it your responsibility to report incidents, near misses and hazards to help keep our campuses safe for everyone!**



Information on how to complete an Incident Report and the fillable **Word**  and **PDF**  Incident Report form(s) are available on the Healthy, Safety & Wellness website [here](#).