

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:** After completion, sign and give this form to your supervisor immediately.
- Student, visitor or contractor:** Please send completed form to Health, Safety & Wellness (complete page 1 only).
- 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.
- AVP/Dean/Director:** Review the incident report form and actions recommended by the supervisor. Sign and submit to Health, Safety & Wellness.

Name: \_\_\_\_\_ Faculty/Staff/ Student ID #: \_\_\_\_\_  
Current Address: \_\_\_\_\_ Title/Occupation: \_\_\_\_\_  
City/Postal Code: \_\_\_\_\_ Department/Faculty: \_\_\_\_\_  
Home/Cell phone: \_\_\_\_\_ Supervisor Name: \_\_\_\_\_ (Required for Faculty /Staff Only)  
Work phone: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_ (Required for Faculty /Staff Only)

Employment category:  Staff  Student  Faculty  Visitor  Contractor

Incident Date: \_\_\_\_\_ Time: \_\_\_\_\_ am  pm   
Building Name: \_\_\_\_\_ Room#: \_\_\_\_\_  
(UofR building or off campus) (If applicable)

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 ensure Health, Safety and Wellness department is notified.

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  No ↓ 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 [here](#).

• 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 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 or have been taken to avoid a reoccurrence of this incident?

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

Supervisor **OR** Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### AVP/DEAN/DIRECTOR SECTION (if applicable)

Additional comments, if any

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

Submit the **\*completed** Incident Report  
*to*

***Health, Safety & Wellness ONLY!***

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