

This form is to be completed by the individual directly involved in the incident/injury (where possible) or alternate witness **within 24 hours of incident!**

**How to Complete the Incident Report Form:**

<b>STEP 1</b>	Faculty or Staff Involved in Incident	<ul style="list-style-type: none"><li>Complete and sign Incident Report (<b>Page 1</b>)</li><li>Provide Incident Report (Page 1 &amp; 2) to your supervisor or manager <b>immediately</b></li></ul>
<b>STEP 2</b>	Supervisor/Manager	<ul style="list-style-type: none"><li>Complete Page 2</li><li>Sign and submit Incident Report (<b>Page 1 &amp; 2</b>) to AVP/Dean/Director</li><li>Incident Reports that do not have this section completed will be returned to the submitter and may delay processing</li></ul>
<b>STEP 3</b>	AVP/Dean/Director	<ul style="list-style-type: none"><li>Review preventative actions/recommendations provided by supervisor/manager (Page 2)</li><li>Provide any further comments, if required</li><li>Sign and submit Incident Report (<b>Page 1 &amp; 2</b>) electronically to <a href="mailto:health.safety@uregina.ca">health.safety@uregina.ca</a></li></ul>
	Student/Visitor/Contractor	<b>ONE STEP:</b> Please send Incident Report form ( <b>Page 1 only</b> ) to <a href="mailto:health.safety@uregina.ca">health.safety@uregina.ca</a> .

Name of Individual Involved in incident:		Employee/Student ID #:	
Address:		Position:	
City/Province/Postal Code		Department/Faculty:	
Primary phone:		Supervisor Name:	(Required for Faculty /Staff Only)
Work phone:		Supervisor Phone:	(Required for Faculty /Staff Only)

Employment category:  Staff  Student  Faculty **OTHER:**  Visitor  Contractor

Date of Incident: \_\_\_\_\_

Time: \_\_\_\_\_ am  pm

Building Name: \_\_\_\_\_  
(Building Name on or off campus)

Room #: \_\_\_\_\_  
(If known)

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, if any - (e.g. body part involved, cut, strain, bruise, illness, symptoms, etc.):

1. Was medical treatment received because of this incident (injury)?  No  Yes If **YES**, please indicate type:  Family physician  Hospital  Other \_\_\_\_\_

2. Did incident (injury) cause you to miss time from work (faculty/staff) or from your studies (student) **AFTER** the incident (injury) date?  No  Yes  
If you answered **NO**, **GO TO SIGNATURE LINE** → Sign and date Incident Report and submit to supervisor manager immediately.

If you answered **YES**, complete section below:

a) What was the first date ( <b>DO NOT INCLUDE INCIDENT DATE</b> you missed work (faculty/staff) or missed time from your studies? _____ Please provide your regular days/hours of work [ie: Monday to Friday 8:15 to 4:30] _____
b) Have you returned to work (faculty/staff) or returned to your studies (student)? ___ No ___ Yes If you answered Yes, What date did you return? _____

**\*NOTE:** Faculty/Staff who miss time from work **AFTER** submitting this Incident Report, are to advise their supervisor/manager. You are also encouraged to contact the University of Regina Healthy Workplace Advisor, Stuart Signarowski - (306) 337-3269 or by email at [hwa@uregina.ca](mailto:hwa@uregina.ca).

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

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

**SUPERVISOR/MANAGER SECTION**

**STEP 2**

This section **MUST** be completed by the **supervisor/manager** of individual directly involved in incident (Page 1) **within 24 hours** of incident/injury. **Incident Reports submitted to Health and Safety without this section completed, will be returned to individual submitting Incident Report and may delay processing.**

**What do you believe was the cause of the unsafe incident indicated on Page 1 of the Incident Report?  
What preventative measures and/or recommendations will be or have been taken to avoid a reoccurrence of this incident?**

Supervisor/Manager Name: \_\_\_\_\_  
(Please print)

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

**AVP/DEAN/DIRECTOR SECTION**

**STEP 3**

**Signature of AVP/DEAN/DIRECTOR**

Please provide any additional comments

AVP/Dean/Director Name: \_\_\_\_\_  
(Please print)

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

**Submit the completed Incident Report *BY EMAIL* to *Health & Safety ONLY!***

**Email: [Health.Safety@uregina.ca](mailto:Health.Safety@uregina.ca)  
(306) 337-2370**