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

**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!**

|  |  |  |
| --- | --- | --- |
| **STEP 1** | Faculty or Staff Involved in Incident | * Complete and sign Incident Report (Page 1) * Provide Incident Report (Page 1 & 2) to your supervisor or manager **immediately** |
| **STEP 2** | Supervisor/Manager | * Complete Page 2 * Sign and submit Incident Report (Page 1 & 2) to AVP/Dean/Director * Incident Reports that do not have this section completed will be returned to the submitter and may delay processing |
| **STEP 3** | AVP/Dean/Director | * Review preventative actions/recommendations provided by supervisor/manager (Page 2) * Provide any further comments, if required * Sign and submit Incident Report (Page 1 & 2) electronically to health.safety@uregina.ca |
| Student/Visitor/Contractor | | **ONE STEP**: Please send Incident Report form (Page 1 only) to [health.safety@uregina.ca](mailto:health.safety@uregina.ca). |

|  |  |  |  |
| --- | --- | --- | --- |
| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Room #:

(Building Name on or off campus) (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:**

**\*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).

1. What was the first date **(DO NOT INCLUDE INCIDENT DATE** 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]
2. Have you returned to work (faculty/staff) or returned to your studies (student)? \_\_\_ No \_\_\_ Yes   
   If you answered Yes, What date did you return? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**