University of Regina

INCIDENT REPORT FORM

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

FILLABLE PDF FORM

Instructions for completion:

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 & Wellness (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, 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: ______________________ (UofR building or off campus) **Room#:** ______________________ (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 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

Page 2 MUST be completed by supervisor/manager prior to submitting Incident Report within 24 hours of incident/injury

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?

[this section must be completed by supervisor/manager or it will be returned]

____

____

____

____

Action by: ___________________________________ **Action will be completed by**: ________________

(Name) (Date)

Supervisor's/Manager's Name: ______________________________

(Please print)

Supervisor's Signature: ____________________________________ **Date:** ________________

Manager's Signature: ____________________________________ **Date:** ________________

Manager's Name: ______________________________

(Please print)

AVP/DEAN/DIRECTOR SECTION

Additional comments, if any

____

____

AVP/Dean/Director Signature: ____________________________________ **Date**: ________________

Submit the *completed Incident Report

to

Health, Safety & Wellness ONLY!

Email: Health.Safety@uregina.ca

Office: Human Resources, Administrative Humanities (AH 435)