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

**This form is to be completed by the faculty or staff member involved in the incident/injury (where possible) or designate 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 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of Individual Involved in incident:** |  | **Employee ID #:** |  |
| **Address:** |  | **Position:** |  |
| **City/Province/Postal Code** |  | **Department/Faculty:** |  |
| **Primary phone:** |  | **Supervisor Name:** |  |
| **Work phone:** |  | **Supervisor Phone:** |  |

**Employment category:** Staff Faculty

## 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 this incident (injury) cause you to miss time from work **AFTER** the incident (injury) date?  **No  Yes**   
  
 If you answered **NO, GO TO THE SIGNATURE LINE Sign and date Incident Report and submit to supervisor or manager immediately.** If you answered **YES,** complete the section below **Sign and date Incident Report and submit to supervisor or manager immediately.**   
  
  
  
  
  
Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*NOTE:** Faculty or 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?   
     
   Please provide your regular days/hours of work [ie: Monday to Friday 8:15 am to 4:30 pm]
2. Have you returned to work as of date of completing this Incident Report?  Yes  No  
     
   If you answered Yes, What date did you return? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**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 and signed Incident ReporttoHealth & Safety**

**Building:** Administrative Humanities Bldg. 435 (HumanResources)  
 **Email:** [Health.Safety@uregina.ca](mailto:Health.Safety@uregina.ca) **Phone:** (306) 337-2370