**To be completed within 24 hours of the incident (injury) date by  
a student, faculty, or staff member (designate) who does report to a supervisor or manager**

|  |  |  |
| --- | --- | --- |
| **STEP 1** | Student, Faculty, or Staff Member Involved in Incident | * Complete, sign, and date Incident Report Form (page 1) * Provide Incident Report Form (pages 1 & 2) to your supervisor or manager **immediately** |
| **STEP 2** | Supervisor/Manager | * Complete, sign, and date Incident Report Form (page 2) * Submit Incident Report Form (pages 1 & 2) electronically to [health.safety@uregina.ca](mailto:health.safety@uregina.ca) |

STEP 1 OF 2

|  |  |  |  |
| --- | --- | --- | --- |
| **Name of individual involved in incident:** |  | **Student/Employee ID #:** |  |
| **City/Province where incident occurred:** |  | **Employee Position:** |  |
| **Phone number of individual involved in incident that Health and Safety may contact you:** |  | **Department/Faculty:** |  |
| **Name of Supervisor:** |  |
| **Email address of individual involved in incident that Health and Safety may contact you (if unable to reach you by phone):** |  | **Contact Number of Supervisor:** |  |

**Individual involved in incident:**  **Student**  **Faculty**   **Staff**

## Date of Incident: Time: am pm

## Building Name/Location of Incident Room #: (whether ON or OFF campus)

**DESCRIBE HOW THE INCIDENT OCCURRED** If more room is required, please attach a Word document to this Incident Report Form

**PLEASE PROVIDE DETAILS OF INJURY (illness if any) AS A RESULT OF THIS INCIDENT**(e.g. body part involved (include left or right), 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**  **Clinic**   **Other**    
   
**2. Did this incident (injury) cause you to miss time from your studies or work AFTER the incident (injury) date?**  **No  Yes**   
  
   
i. What was the first day [DO NOT INCLUDE INCIDENT DATE] that you missed time from your studies or work?

ii. Please provide your regular days/hours of work   
 (ie: Monday to Friday 8:15 am to 4:30 pm]

iii. Have you returned to your studies or work? No Yes  
 If YES, what date?

**3**. **Sign and date Page 1 of this Incident Report Form**. **PROCEED TO STEP 2**  
  
 If you have any questions, please contact the Health & Safety Team (Human Resources) **Phone:** 306.337-2370 **Email:** [health.safety@uregina.ca](mailto:health.safety@uregina.ca)

**\*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).

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUPERVISOR/MANAGER SECTION**

STEP 2 OF 2  
  
This section MUST be completed by the supervisor/manager of the individual directly involved in the above incident 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 reported on Page 1 of this Incident Report Form?   
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:

**4. Submit signed & dated Incident Report Form electronically to** [**health.safety@uregina.ca**](mailto:health.safety@uregina.ca)**.**

If you have any questions, please contact Health & Safety (Human Resources)

**Phone:** 306.337.2370 **Email**: health.safety@uregina.ca