

This form is to be completed by the student/visitor/contractor involved in the incident/injury (where possible) or designate **within 24 hours of incident!**

### How to Complete the Incident Report Form:

<b>Student/Visitor/Contractor</b>	Complete the Incident Report Form below, sign and email to <a href="mailto:health.safety@uregina.ca">health.safety@uregina.ca</a> .
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Name of Individual Involved in incident:	Student ID #:	
Address:	Job Title	If applicable
City/Province/Postal Code	Department/Faculty:	
Primary phone:		
Work phone:		

Are You:  Student  Visitor  Contractor

Date of Incident: \_\_\_\_\_ Time: \_\_\_\_\_ am  pm

Building Name: \_\_\_\_\_ Room #: \_\_\_\_\_  
(Building name ON or OFF Campus)

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  Clinic  Other \_\_\_\_\_

2. Did this incident (injury) cause you to miss time from work and/or your studies **AFTER** the incident (injury) date?  
 No  Yes

If you answered **NO**, **GO TO SIGNATURE LINE** Sign and date Incident Report and submit to [health.safety@uregina.ca](mailto:health.safety@uregina.ca) immediately.

If you answered **YES**, complete section below Sign and date Incident Report and submit to [health.safety@uregina.ca](mailto:health.safety@uregina.ca) immediately.

a) What was the first date **(DO NOT INCLUDE INCIDENT DATE)** you missed work or time from your studies?  
 \_\_\_\_\_

b) Have you returned to work or your studies?  No  Yes  
 If Yes, what date did you return? \_\_\_\_\_

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

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