

To be completed within 24 hours of the incident (injury) date by:
 a) Students who do **not** report to a supervisor or manager (or designate)
 b) Visitors and contractors

Name of individual involved in incident:		Student ID #:	
City/Province where incident occurred:		Faculty of student:	
Phone number of individual involved in incident that Health and Safety may contact you:		Occupation of contractor or visitor:	
Email address of individual involved in incident that Health & Safety may contact you (if unable to reach you by phone):			

Individual involved in incident: Student Visitor Contractor

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. Have you returned to your studies or work? No Yes

If YES, what date? _____

3. Sign and date the completed Incident Report Form. Submit electronically to health.safety@uregina.ca.

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

Phone: 306.337-2370

Email: health.safety@uregina.ca

SIGNATURE: _____

DATE: _____