

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!**

How to Complete the Incident Report Form:

STEP 1	Faculty or Staff Involved in Incident	<ul style="list-style-type: none"> Complete and sign Incident Report (Page 1) Provide Incident Report (Page 1 & 2) to your supervisor or manager immediately
STEP 2	Supervisor/Manager	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> 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.

a) 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] _____

b) Have you returned to work as of date of completing this Incident Report? Yes No
If you answered Yes, What date did you return? _____

***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.

Signature: _____ Date: _____

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 Report to **Health & Safety**

Building: Administrative Humanities Bldg. 435 (Human Resources)

Email: Health.Safety@uregina.ca

Phone: (306) 337-2370