

**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**

<b>STEP 1</b>	Student, Faculty, or Staff Member Involved in Incident	<ul style="list-style-type: none"> <li>Complete, sign, and date Incident Report Form (page 1)</li> <li>Provide Incident Report Form (pages 1 &amp; 2) to your supervisor or manager <b>immediately</b></li> </ul>
<b>STEP 2</b>	Supervisor/Manager	<ul style="list-style-type: none"> <li>Complete, sign, and date Incident Report Form (page 2)</li> <li>Submit Incident Report Form (pages 1 &amp; 2) electronically to <a href="mailto:health.safety@uregina.ca">health.safety@uregina.ca</a></li> </ul>

## 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?

**\*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).

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)

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](mailto:health.safety@uregina.ca)