INCIDENT REPORT

Call Campus Security – 6666 immediately

PLEASE COMPLETE THIS FORM AND RETURN TO THE SAFETY OFFICE (1C05) WITHIN 24 HOURS

Serious incidents involving workers must be reported immediately to Workplace Safety and Health Division (204) 945-3446

Workers' Compensation Report must be filed if one of the covered employees
http://www.wcb.mb.ca/workers/forms.html http://www.wcb.mb.ca/employers/forms.html

Instructions for Using This Form.

This form has been developed to cover a variety of situations which may occur on the University campus. It should be filled out in every situation where a worker is hurt. It can also be used in situations where an individual wishes to report an unsafe condition. It should also be used to report chemical spills.

There are three parts to complete. Please fill out all spaces and check all applicable spaces on both sides of this document and ensure that all signatures appear where appropriate.

The first two sections are to be completed by the worker as soon as is reasonably practicable after the incident and after any first aid or medical treatment has been performed.

1. The first section covers particulars regarding the individual(s) and the treatment (if any) they received.
2. Section two covers incident description and causation to analyse unsafe acts or conditions leading to the accident/incident.
3. Section three involves corrections to unsafe acts or conditions identified in the previous section. Managers and supervisors must sign off on incidents involving employees under their direction.

Part I – Incident Details

☐ Injury ☐ Near Miss ☐ Spill

Date of Incident: (dd/mm/yy)**:** ____/____/____ **Time:** _____am/pm **Location** (Bldg, Rm#)**:** _____

Name: _____ **Title/Occupation:** _____

Winnipeg Address: _____ **Department/Faculty:** _____

_____ **Work Phone:** _____

Permanent Address: _____ **Home Phone:** _____
(if different from above)

_____ **Supervisor:** _____

Category: ■ Support Staff ☐ Student ☐ Faculty ☐ Visitor ☐ Contractor

Was medical treatment received? ☐ Campus Klinic ☐ Family physician ☐ Hospital ☐ No

Did the worker receive first aid? ☐ Yes ☐ No If yes, indicate provider_____

Was there any property/equipment damage? ☐ Yes ☐ No ☐ N/A
If yes, identify property involved and description of damage:

_____

_____

Safety Office
Phone: 786-9894
Fax: 774-2935
http://www.uwinnipeg.ca

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Part II – Incident Causation

Describe how the incident occurred:
(use additional paper if required; witness statements should be attached – provide witness name, department & phone number)**:**
If a spill, list name of chemical and quantity.

_____

_____

_____

_____

_____

Causes of the incident – i.e. why did it happen and what conditions and/or actions contributed to the injury/incident? (Discuss with supervisor/manager)

Direct cause: *(State what caused the injury. i.e. hand made contact with blade, falling object struck worker, foot pinned by machine, chemical made contact with skin, etc.)*

_____

Indirect causes: *(There may be more than one indirect cause such as poor working environment which caused the hand to contact blade, failure of equipment which caused the object to fall and strike the worker, worker inexperience or error which caused the chemical exposure.)*

_____

_____

_____

_____

_____

Employee's Signature _____ Date: _____
I certify that the information provided is correct.

Forward to supervisor immediately.

PART III – Corrections

TO BE COMPLETED BY THE SUPERVISOR/MANAGER

(A supervisor is one who has authority to assign work. A manager has authority over a department including supervisors)

What preventative measures will be taken to avoid a reoccurrence of this incident?
Short term measures (Immediately or within a month)**:**

_____

_____

Longer Term Measures (more than one month);

_____

_____

Action by: _____ Target date for completion: _____
(Name) (Date)

Supervisor's Signature: _____ Date: _____
I certify that the information provided is correct.

Manager's Signature: _____ Date: _____
I certify that the information provided is correct.

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