University of Waterloo

INJURY / INCIDENT REPORT

Last Name	First Name(s)

Sex	Phone Number or Extension	Status	
❒Male ❒Female		❒Full Time UW Employee ❒Visitor ❒Part Time UW Employee ❒Contractor	❒Student ID#_____ Were you an employee at time of injury/incident? ❒Yes❒No

Department/Faculty	Occupation	Name of Person Completing This Form

Date and Time of Injury/Incident	Date and Time Reported	Injury/Incident Reported To
Day Month Year ❒ am ❒ pm	Day Month Year ❒ am ❒ pm	

Injury Treatment (specify location and name of health care provider)

❒ None ❒ UW Health Services_____ ❒ Family Physician_____ ❒ Chiropractor _____
❒ Dept. First Aid ❒ Walk-in Clinic_____ ❒ Hospital _____ ❒ Other_____

Injury/incident location (building, room #, parking lot, etc.).

What happened to cause the injury/incident?

Explain what you were doing and the effort involed.

Identify the size, weight and type of equipment or materials involved.

What conditions and/or actions contributed to the injury/incident?

Body part(s) involved (specify right or left side).

Names and phone number of witnesses.

Action taken by self/department to prevent recurrence.

❒ Review job procedure and instruction ❒ Personal Protective Equipment
❒ Repair or replace equipment/facilities ❒ Other _____

Explain

Complete this section only if lost time from work

Date and Time Last Worked	Normal Working Hours for Last Day Worked	Normal Working Hours for Week of Injury	Total Hours Per Week
Day Month Year ❒ am ❒ pm		Sun Mon Tues Wed Thurs Fri Sat	

Injured Person's Signature	Supervisor/Department Signature	Extension

Forward within 1 day to Safety Office, Health Services Building, Room 125 or Fax #746-5023. If completion is delayed, contact the Safety Office at ext. 3587 to make a preliminary report. Retain copies for departmental records.

Information collected under the authority of the Occupational Health and Safety Act, Workplace Safety and Insurance Act and Policy #34 Health and Safety.