Incident/Injury Report

A. Injured Person Information	
Role at time of incident/injury: ☐ Employee ☐ Paid Student ☐ Unpaid Student ☐ Visitor ☐ Volunteer	
First Name Last Name	Staff or Student ID No.
Mailing Address	
City/Town Province Postal Code	Preferred Language ☐ English ☐ French
Home Telephone No.	Sex ☐ M ☐ F
Work Telephone No.	Date of Hire at Queen's (DD/MM/YY)
Department	Date of Birth (DD/MM/YY)
Was the injury related to a paid work activity ☐ Yes ☐ No Job title at time of injury:	Start date of current job (DD/MM/YY)

B. Incident/Injury Details

Type of Incident:

☐ No injury-Near Miss/Hazard/Property Damage ☐ First Aid ☐ Medical (Doctor/Hospital) ☐ Lost Time

Date of Incident (DD/MM/YY)	Time of incident _____ ☐AM ☐PM	Date Reported to Supervisor (DD/MM/YY)	Time reported to Supervisor ____ ☐AM ☐PM
Name of Queen's supervisor that incident/injury was reported to? (Name & Position)		Telephone	Ext

Specific Location of incident/illness (building/ floor/ room/ parking lot):

Are you aware of any witnesses or persons involved in this accident/illness? ☐Yes ☐No
If yes, provide name(s), position(s), and work phone number(s).

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The day after the accident, did the person:

☐ return to regular work ☐ return to modified work ☐ lose work time and/or earnings

Describe **what caused the incident/injury** and **what the worker was doing at the time**.
Include the **resulting injury and any details** of equipment, materials, environmental **conditions that may have contributed** (e.g. work area, temperature, noise, chemical, gas, fumes, or other person). Attach additional page if necessary.
For a condition that occurred gradually over time, please include a description of the physical activity required to do the work.

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Type of accident/illness: **(Please check all that apply)**

- ☐ Struck/Caught
- ☐ Overexertion
- ☐ Repetition
- ☐ Slip/Trip
- ☐ Fall from height
- ☐ Harmful Substances/Environmental (chemical, etc)
- ☐ Animal
- ☐ Needle stick
- ☐ Motor Vehicle Incident
- ☐ Assault
- ☐ Fire/Explosion
- ☐ Other ……..

Area of Injury (Body Part): **(Please check all that apply)**

	Left	*Right*	*Left*	*Right*	*Left*	*Right*	
☐ Head	☐ Eye	☐	☐ Shoulder	☐	☐ Hip	☐	☐ Upper Back
☐ Face	☐ Ear	☐	☐ Arm	☐	☐ Thigh	☐	☐ Lower Back
☐ Teeth			☐ Elbow	☐	☐ Knee	☐	☐ Abdomen
☐ Neck			☐ Forearm	☐	☐ Lower Leg	☐	☐ Pelvis
☐ Chest			☐ Wrist	☐	☐ Ankle	☐	☐ Other……
			☐ Hand	☐	☐ Foot	☐	……
			☐ Finger(s)	☐	☐ Toe(s)	☐	

C. Corrective Action/ Investigation

Have you determined the cause of incident? What changes have been made or will be made to ensure it does not re-occur in your workplace? If full investigation has not yet been completed, please submit report form, then forward investigative results once determined.

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What action has or will be taken to prevent a recurrence?

Action Taken:	Person Responsible	Target Date of completion

Queen's Representative / Supervisor - Name and Signature	Date