



Brock University

Injury/Incident Report

**For Environment, Health
& Safety Use Only**

Acc. Ref. #: _____

Classification:

Cm Hlth Care	Lost Time
Incident	No Treatment
First Aid	Br Athl Clin
Br Hlth Ser	Health Care

Date of Injury/Incident (D/M/YY)		Time of Injury/Incident H:MM am pm		Brock Employee Brock Student University Visitor Other:	
Last Name			First Name		
Address			City Postal Code		
Where did the injury/incident occur?			Building Floor #		Room # / Location
Describe injury / injuries:		Injury Type(s) (See page 2 for reference)		Body Part (s) (See page 2 for reference)	
				Left Side Right Side n/a	
Describe any first aid treatment administered and/or medical aid to date (e.g. Physician, physiotherapy, etc.)					
Injured person sent to: (Check appropriate)					
Brock Health Services		Physician		Ambulance	
Brock Athletic Clinic		Hospital		Other:	
Briefly but precisely outline the sequence of events leading up to the incident or injury. Include the size, weight and type of equipment or material involved, etc. Attach a diagram if relevant.					
Describe any property damage or hazardous situation, real or potential:					
Names, addresses and phone numbers of witnesses or persons having knowledge of incident:					
Complete this section only when the injured person is a Brock employee					
Lost Time beyond date of injury:		Occupation		Department	
Yes No				Hire Date: D/M/YY	
Normal Working Hours For Week of Injury:		Supervisor		D/M/YY Supervisor Notified	
S M T W T F S					
to		Total Hours			
D/M/YY of Birth		Social Insurance Number		Treating Physician & Address	

Name of person who completed this form

Department/Extension

Date

Submission instructions:

1. Print three (3) copies
2. Send **one completed copy** to the Office of Environment, Health & Safety (OEHS) within two (2) business days of injury or incident
3. Give **one copy to your supervisor** or the person responsible for the location of the incident to complete and forward to OEHS
4. Keep **one completed copy** for your records

Injury Types:

Amputation	Inhalation
Broken	Laceration
Bruise/Scrape	Other (explain)
Burn	Overcome
Crushed	Pinched
Dislocation	Puncture
Faint/Dizziness	Skin Irritation
Foreign Object In	Splash/Fluid
Heart Attack	Sprain
Hernia	Strain

Body Parts:

Shoulder	Buttocks
Arm	Groin
Elbow	Leg
Wrist	Thigh
Hand	Knee
Finger	Shin
Thumb	Ankle
Chest	Foot
Abdomen	Toe
Back	Entire
Hip	Other (explain)

Supervisor's Report

To be completed by the Brock employee responsible for the individual, or where appropriate, for the location of the incident.

Lost time beyond the date of the injury?**No****Yes****Possibly****Select all contributing factors that apply:**

Unsafe equipment
 Improperly guarded equipment
 Poor "housekeeping" e.g. Clutter
 Insufficient training
 Deviation from safe practice
 Ackward position or posture
 Inadequate personal protection
 Inadequate illumination
 Hazardous environmental condition
 Other (explain):

Select all corrective measures that apply:

Equipment repair or replacement
 Installation of guard or safety device
 Improved "housekeeping"
 Additional Training/Communication
 Changes to work procedure
 Correction of congested area
 Improved personal protective equipment
 Improved environmental conditions
 Conduct job safety analysis
 Other (explain):

Actions planned to prevent recurrence:**Proposed implementation measures date to prevent recurrence:** __________
Supervisor Signature_____
Department/Extension_____
Date_____
Worker Signature_____
Department/Extension_____
Date