

Please specify if the following report is an	<input type="checkbox"/> Injury	<input type="checkbox"/> Incident	<input type="checkbox"/> Near Miss
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Faculty, Staff or Student Involved in the Injury/Incident/Near Miss

Surname:	Given Name:	Contact Number:
Please circle one: <input type="checkbox"/> SMU Employee	<input type="checkbox"/> Student (including SMU student employee)	<input type="checkbox"/> Other/Visitor (explain)
Employee/Student ID A _ _ _ _ _	Department/Program:	

Witness 1

Surname:	Given Name:	Contact Number:
Please circle one: <input type="checkbox"/> SMU Employee	<input type="checkbox"/> Student (including SMU student employee)	<input type="checkbox"/> Other/Visitor (explain)

Witness 2

Surname:	Given Name:	Contact Number:
Please circle one: <input type="checkbox"/> SMU Employee	<input type="checkbox"/> Student (including SMU student employee)	<input type="checkbox"/> Other/Visitor (explain)

Injury/Incident/Near Miss Information

Date and Time:	am pm	Location of the Injury/Incident/Near Miss:
Reported by:		

Description of Injury/Incident/Near Miss (Please describe exactly what happened and attach any pages including diagrams/pictures if necessary):

Describe any possible precipitating factors that directly contributed to the Injury/Incident:

Describe any action taken to mitigate any possible injury or further incident:

Describe any personal injury or property/equipment damage which occurred due to the Injury/Incident:

Prevention: Are there any preventative actions which could be put in place to prevent an injury/incident like this to re-occur?

Employee:

Supervisor:

Form Submitted by:	Date:
Reviewed by Direct Supervisor:	Date:

If an Injury has occurred please complete the following section

Cause of Injury			
Slips/Trips/Falls ()	Shock/Seizure ()	Over Exertion/Strain ()	Harmful Substance/Harmful Exposure ()
Struck by Object ()	Unknown ()	Other () (explain):	

If Applicable Please Specify Area Injured

Head ()	Eyes ()	Face ()	Neck/Shoulders ()	Chest ()	Arms ()	Hands ()
Abdomen/Stomach ()	Legs ()	Feet ()	Upper Back ()	Lower Back ()	Internal Injuries ()	
Other () (explain):						

Emergency Medical Attention

Security Called	Yes	No	First Aid Given	Yes ()	By whom:	No ()		
911 Called	Yes	No	Transported by: Ambulance ()	Private Vehicle ()	Other ()			
Sent to Hospital	Yes	No	Referred to Student Counselling	Yes	No	Referred to FEAP	Yes	No

Treated by

University Health Services	Yes	No	(On campus) Physiotherapy Clinic	Yes	No	Family Doctor	Yes	No
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Occupational Health and Safety Office Use Only

WCB Coverage	Yes	No	Form Sent to:
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