



1) CONTACT INFORMATION

Name of reporting person:

Telephone #:

Email:

Affected person (if different than above):

Telephone # (for follow-up purposes only):

Email:

Role of affected person?

MHC Employee

Student

Visitor

Volunteer

Contractor

Tenant

Department/School:

Program (Student only):

Type of Incident:

Near Miss

First Aid

Medical Aid

Property Damage

Other (Explain in Description Section)

2) DETAILS OF OCCURRENCE

Date of Occurrence:

Time:

Date of Report:

Time:

Location (Building and Room #):

Description of Occurrence: (If additional space is required, use the back of this page, or attach additional sheet)

(What happened to cause the incident? What was the person doing? Was there any equipment, people or materials involved - identify the size, weight and type)

3) INJURY INFORMATION (IF APPLICABLE)

Injury nature (Ex: burn, strain/sprain, cut, etc.)

Body Part (side of body and specific body part affected):

Did the injured person receive First Aid? Ex: heat/ice therapy, Advil/Tylenol, bandages, eye irrigation, etc.

Yes

No

Was the person providing First Aid treatment certified?

Yes

No

If yes, who provided first aid? Please provide details of the first aid received.

Did the injured person visit a hospital and/or physician? Yes No

How was the injured person transported? Personal Vehicle Ambulance Other

If yes, which Hospital/Physician was visited? Please also provide date and time. **Note:** If an employee has not been seen by a physician but would like to, please contact the Health and Safety Office if they would like to have an appointment scheduled at the Occupational Injury Services (OIS) clinic.

Is the employee off work past the day of the incident?

Yes

No

4) SUGGESTIONS TO PREVENT REOCCURENCE AND/OR ADDITIONAL COMMENTS

Report Prepared By:

Supervisor:

Signature:

Signature:

Date:

Date:

**Submit completed report to your supervisor
WITHIN 24 HOURS**