

INCIDENT REPORT

Incident # (HSE Use only): 201__ - ____

This form must be initiated and emailed or delivered **within 24 hours** of the incident occurring. Email incident@upeil.ca or deliver to locked drop box outside Kelley Memorial Building room 310 (third floor). Submit additional information as available.

Section A: Affected Party Information				
Role at time of incident: <input type="checkbox"/> Employee <input type="checkbox"/> Student <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor _____ company name	Last name:	First name:	Initial:	
	UPEI ID number (if applicable):	Email address:		
	Work telephone :	Home telephone:		
	Was this incident/injury related to paid UPEI work activity?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	If yes, job title and department at the time of the incident/injury:			
Section B: Incident Details				
Date of incident:	Time of incident:	Location of incident:		
Name of supervisor/UPEI employee that incident was reported to:		Date and time reported:		
Are you aware of any witnesses to or persons involved in this incident/injury?			<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide name(s), position(s) and telephone number(s).				
Type of incident (please check all that apply):				
Safety: <input type="checkbox"/> Injury <input type="checkbox"/> Illness <input type="checkbox"/> Exposure <input type="checkbox"/> Animal bite/sting/scratch <input type="checkbox"/> Needle/sharp/puncture/cut <input type="checkbox"/> Slip/trip/fall <input type="checkbox"/> Burn or electrical shock <input type="checkbox"/> Other: _____ <input type="checkbox"/> Near miss or hazard	Security: <input type="checkbox"/> Lab biosecurity incident/threat <input type="checkbox"/> Theft/assault <input type="checkbox"/> Bomb threat <input type="checkbox"/> Harassment / Violent threat <input type="checkbox"/> Equipment/property damage/loss <input type="checkbox"/> Suspicious activity <input type="checkbox"/> Other: _____ <input type="checkbox"/> Near miss or hazard	Environmental: <input type="checkbox"/> Spill <input type="checkbox"/> Hazardous materials <input type="checkbox"/> Fire <input type="checkbox"/> Infectious materials <input type="checkbox"/> Air/water pollution/contamination <input type="checkbox"/> Other: _____ <input type="checkbox"/> Near miss or hazard If animal involved, AVC patient #:		
Description of incident/injury (add sketches or attachments as required)				
1) What happened? What were the individuals involved doing at the time of the incident?				
2) If an injury was sustained, please describe the injury and include body part(s) affected. Is this a recurrence?				
3) What conditions attributed to the incident?				
Was first aid administered?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by whom?		
Was individual transported for medical aid?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by whom? To where?		
I certify that the above information is true and complete to the best of my knowledge.				
Person reporting incident (print name):		Signature:	Date:	

INCIDENT REPORT

Incident # (HSE Use only): 201__ - ____

This form must be initiated and emailed or delivered **within 24 hours** of the incident occurring. Email incident@upe.ca or deliver to locked drop box outside Kelley Memorial Building room 310 (third floor). Submit additional information as available.

INCIDENT REPORT FORM DEFINITIONS

EXPOSURE: The state of having no protection from something harmful; the fact of experiencing something or being affected by it because of being in a particular situation or place.

FIRST AID INJURY: A minor injury requiring only first aid treatment.

HAZARD: Any source of potential damage, harm or adverse health effects on something or someone under certain conditions at work.

ILLNESS: Unhealthy condition in mind or body.

INCIDENT: An unplanned, undesired event that hinders completion of a task and may cause injury, illness, property damage, or some combination of all three in varying degrees from minor to catastrophic. Unplanned and undesired do not mean unable to prevent.

INJURY: Physical harm or damage to a person.

LOST TIME INJURY: A disabling injury where the injured person is unable to report for their next regular shift.

MEDICAL AID INJURY: An injury requiring treatment by a health care professional.

NEAR-MISS: An undesired event that, under slightly different circumstances, could have resulted in personal/property damage or loss.

PROPERTY DAMAGE: Loss to equipment, material, and/or the environment.

RECURRENCE: An incident which has occurred more than once.