



This form must be completed and the WCB OH&S Division must be immediately informed (within 24 hours) of the serious injury (see definition on page 2) via the Emergency phone number: (902) 628-7513. This form must be completed in collaboration with the Joint Occupational Health and Safety Committee and all necessary workplace parties (Management (VP's, Deans, Area Leads, etc), Police/Security, Risk Management, Health and Safety, etc). Email incident@upei.ca or deliver to locked drop box in Atlantic Veterinary College Main Foyer. Submit additional information as available.

Section A: Affected Party Information: NOTE: SEE PAGE 2 RE: SECURING AND PRESERVING THE SCENE OF A SERIOUS INJURY AS PRESCRIBED BY THE OHS ACT OF PEI.				
Role at time of incident: Employee Student Visitor Volunteer Contractor company name	Last Name:		First Name:	Initial:
	UPEI ID Number:		Email Address:	
	Work Telephone:		Home telephone:	
	Was this incident/injury related to paid work activity?		Yes	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/individual that incident was reported to:			Date and time reported:	
Are you aware of any witnesses to or persons involved in this incident/injury?			Yes	No
If yes, provide name(s), position(s) and telephone number(s).				
Joint Occupational Health and Safety Committee Members contacted/attended: Employer Representative: _____; Worker Representative: _____				
Description of incident/injury (add sketches or attachments as required) What happened (Answer: who, what, when, where, why and how in your description).				
Was first aid administered?	Yes	No	If yes, by whom?	
Was individual transported for medical aid?	Yes	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:	



OHS ACT OF PEI SECTION 36: SERIOUS INJURY

(1) Where an accident occurs in the workplace in which a worker is seriously injured in a manner which causes or may cause a fatality, suffers a loss of limb, unconsciousness, substantial loss of blood, a fracture, an amputation of a leg, arm, hand, or foot, a burn to a major portion of the body, or the loss of sight in an eye, the employer shall ensure that written notice is sent, by the fastest means available, to the Director within 24 hours of the accident.

Notify committee

(2) Where an accident is reported under subsection (1), the employer shall notify the committee, where one exists, or the representative, if any.

Accident scene

(3) Except as otherwise directed by an officer, no person shall disturb the scene of an accident that results in a serious injury or a fatality except to the extent that it is necessary

- (a) to attend to persons injured or killed;
- (b) to prevent further injuries; or
- (c) to protect property that is endangered as a result of the accident. 2004,c.42,s.36.