



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 115-118. Submit additional information as available.

Section A: Affected Party Information					Incident # (HSE Use only): 20__ - ____
<input type="checkbox"/> Employee	<input type="checkbox"/> Student	<input type="checkbox"/> Visitor	<input type="checkbox"/> Volunteer	<input type="checkbox"/> Contractor	
Last Name:		First Name:		Initial:	
UPEI ID Number (if applicable):		Email Address:			
Work Telephone:		Home Telephone:			
UPEI Job Title and Department at the Time of Incident:					
Section B: Incident Details					
Date of incident:	Time of incident:	Location of incident:	Date and time reported:		
Reported to supervisor:					
<input type="checkbox"/> Yes, who: Name, Contact info					
<input type="checkbox"/> No, who: Name, Contact info					
<input type="checkbox"/> Not Applicable					
Was this reported to any other UPEI Employees? If yes, who:					
Are you aware of any witnesses to or persons involved in this incident? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, provide name(s), position(s) and telephone number(s):					
Description of incident (add additional description 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?		
What first aid was applied:					
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:





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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.

HARASSMENT: The University defines "harassment" within any university-related context as an incident or series of vexatious or disrespectful comments, displays or behaviours that demean, belittle, humiliate, embarrass, degrade or attempt to exclude; that is known or ought reasonably to be known to be unwelcome and/or offensive; and which adversely affects the employment or academic status of the individual (from Fair Treatment Policy).

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.

*Under the [Fair Treatment Policy](#), incidents submitted under the Harassment category will be forwarded to the Fair Treatment Advocate for investigation and follow-up.

