



Incident Report and Investigation Form

Incident Number: **201**__ - __

Rev. date: Feb 18, 2010

1. Injury/Illness: (to be completed by injured person)

Date: _____ Faculty/Department/Contractor: _____

Incident Type(s): Injury Exposure Illness Property Damage Fire
 Spill Environmental Near Miss Biosecurity Other

Incident Date (dd/mm/yy): ___/___/___ Time of Incident (24 hour clock): _____

Reported on: ___/___/___ Time Reported (24 hour clock): _____ Supervisor: _____

Building/Area: _____ Specific Location: _____

Staff Faculty Student Grad Student Contractor Public Lost Time: _____

Name: _____ ID Number: _____ Years at UPEI: _____

Home Phone: _____ Work Phone: _____

Position: _____ Body part(s) affected: _____

Describe Incident: _____

Was first aid given? Yes No By whom? _____ AVC- Animal's patient # _____

Was injured transported to medical aid? Yes No By whom? _____

Where to? _____ Name of Doctor: _____

Injured during normal work? Yes No **WCB completed and attached** yes no

2. Witnesses:

Name: _____ Department: _____ Phone: _____
Name: _____ Department: _____ Phone: _____

Sections 3-5: completed by Supervisor:

3. Property/Equipment/Environmental Damage/Impact:

Describe Damage/Impact: _____

4. Analysis:

Causes: _____

5. Recommended corrective action(s):

Immediate & Long term: _____

Person(s) responsible for action(s)/Department: _____

Actions taken: _____

6. Signatures: Form must be signed by employee and supervisor before returning to Human Resources.

Injured Person: _____ Date: _____

Supervisor/Investigator: _____ Date: _____