

Risk & Safety Incident Report

The Risk & Safety Incident Report must be completed by the involved or injured person as soon as possible after the incident occurring. If the involved or injured person is unable to complete the report, it may be filled out by the person's supervisor or another individual with knowledge of the incident. In this case, the person must provide their name and contact information in the report where indicated.

This form should be used to report all first aid incidents; university work or premises related incidents and ill health; acts of violence (physical and verbal abuse and threats to staff, serious incidents involving students); injuries arising from road traffic accidents while at work and non-injury incidents that had the potential to cause harm (dangerous occurrences or "near misses").

Note: For the purpose of this reporting form, supervisors may be laboratory or course instructors, department managers, principal investigators in a research laboratory, department chairs, faculty supervisors, or anyone who directs the work relating to the incident.

Person reporting the incident

Name	Contact Number	
Department (for UFV employees)	Email	
Position	UFV ID #	Guest / Visitor <input type="checkbox"/>
Date of Report (yyyy-mm-dd)	Time Reporting Incident	<input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Incident Reported to	Your Supervisor/Manager Name and Email	

Place, date, and time of incident

Location where incident occurred (Street address, Building, Room #)	
City (nearest)	Campus (If applicable)
Date of incident (yyyy-mm-dd)	Time of incident <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.

Type of Report

<input type="checkbox"/> Near Miss / No injury but had potential for causing serious injury	<input type="checkbox"/> Work related violence
<input type="checkbox"/> Injury requiring first aid	<input type="checkbox"/> Work related Motor Vehicle Accident
<input type="checkbox"/> Injury requiring medical treatment beyond first aid	<input type="checkbox"/> Other _____

Affected / Injured persons (Status: Employee, Student, Contractor, Visitor) ☐ SAME AS REPORTING PERSON

Last name	First name	Job title / Contact #	Status
a)			
b)			

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Witnesses / Other persons whose presence might be necessary for the investigation

Last name	First name	Contact #	Witness?
a)			
b)			

Sequence of events that preceded the incident

Describe events earlier that day that led up to the incident.

Description of the incident

Summarize the sequence of events, the unsafe factors, and the resulting injury, if any.

Nature of the injury (Complete only if there has been an injury)

Immediate action taken to make the situation safe (i.e. reported issue to Security, closed off area)

Send completed reports to your supervisor/manager and Risk & Safety, ehs@ufv.ca

UFV Risk & Safety Office Use Only

Date Received	Responsible Risk & Safety Area	Incident #	Investigation Required?
	<input type="checkbox"/> EHS <input type="checkbox"/> EMR <input type="checkbox"/> RM <input type="checkbox"/> Security	Date Forwarded:	<input type="checkbox"/> Yes <input type="checkbox"/> No

R.06/2019