

ACCIDENT/INCIDENT REPORT

Safety Office
494-2495

Injury

Near Injury

Property Damage

P E R S O N A L	Last Name	First Name & Initial	Dalhousie ID #	Dalhousie Phone #
	Home Address		Home Phone #	Student <input type="checkbox"/> Temp Staff <input type="checkbox"/> Other <input type="checkbox"/> Staff <input type="checkbox"/> Faculty <input type="checkbox"/>
	Faculty/Department		Classification	

I N C I D E N T	Date, Time & Location of Incident (In Detail)	Name & Phone of Witnesses
	Describe the incident in detail. (Include sequence of events leading to the incident, what the person was doing, and what conditions contributed to the incident.)	
	When and to whom was the incident reported?	Did the incident result in an early departure from the University? Yes <input type="checkbox"/> Time No <input type="checkbox"/>

I N J U R Y	Describe Injuries:	
	Briefly describe medical treatment. (Include name of doctor & hospital) None needed <input type="checkbox"/>	
	Will the injury result in time away from the University beyond the day of the incident? Likely <input type="checkbox"/> Unlikely <input type="checkbox"/>	Will further treatment be necessary? Likely <input type="checkbox"/> Unlikely <input type="checkbox"/>

Date _____ Person involved in Incident _____

F O L L O W U P	Describe previous similar incidents.
	Based on the supervisor's knowledge of the job and work conditions, what steps should be taken to prevent a recurrence?

Date _____ Supervisor/ Director/Department Head _____

Please return the completed form to the Director of Safety within 48 hours of the incident. Use additional pages if necessary. Report fires and serious personal injuries immediately to Security from Dalhousie phones - 4109, from external phones - 494-4109.

Original - Safety Director Copies - Person involved in Incident, Supervisor, Local Safety Committee