

UBC OKANAGAN STUDENT & VISITOR ACCIDENT/INCIDENT REPORT

This report is to be completed within 24 hours by, or on behalf of, Visitors to UBC Campus and UBC Students who have been injured on UBC premises, or UBC Students who have been injured off campus during their course work or university related activity.

Check applicable box below:

- Incident resulted in injury – complete report
 Incident did not result in injury – complete report (shaded area on page 1 not applicable)

The personal information below should pertain to the injured/involved party.

Date of Report (m/d/y) ____/____/____		
Last Name	First Name	Telephone:
Street Address	City	Postal Code
Status: <input type="checkbox"/> Visitor <input type="checkbox"/> Student <input type="checkbox"/> Other _____	Severity of Injury: <input type="checkbox"/> First Aid only <input type="checkbox"/> Medical treatment (doctor, hospital) <input type="checkbox"/> First Aid / Medical treatment recommended and refused Mode of Transportation to Medical Facility:	
Department Visited	Date and Time of Incident/Accident (m/d/y) ____/____/____ ____:____ am / pm	
Describe the exact location of incident/accident. (Include building name and room number, or if outside describe area in detail.)		
Describe the events leading up to and including the incident/accident in the words of the injured party, if possible. Include details of any injuries (Use reverse if necessary):		
Eye Witness: <input type="checkbox"/> Yes <input type="checkbox"/> No (Please provide witness' name and telephone number, if possible.)		
Incident/Accident Reported to Name:	Title:	Phone #
If this report is completed by someone other than the injured/involved party, please provide the following information:		
Your Name	Tel #	Relationship to injured party
Distribute Report as follows: 1) Original to Department* , with copies to: 2) Health and Safety Committee 3) Health Safety & Environment office (Fax: 807-9591)		
Reviewed by (Safety Committee Members)	Date (m/d/y)	Comments and/or Further Action

If you have any questions, please call the Health Safety and Environment office at 807-8621.

***NOTE: The Department in which the injury/incident occurred is responsible for ensuring the investigation by the department's accident investigator(s). The Department must review and implement the resulting recommendations and take corrective action. The investigation must be completed within 3 days of the accident (see Accident/Incident Form page 2).**

