



Select the type of report: Concern Hazard/Near Miss Incident *Serious Incident

*Definition of Serious Incident (refer to BU Reporting a Serious Incident Policy)

Location: On Campus On Practicum Other_____

Incident reported on: _____ Report completed by (name): _____

Date of incident:		Time (am/pm):	
Location/Facility:		Building and Room #:	

What was the concern/hazard? Hazards can include icy surfaces, heavy objects, sharp objects, chemicals, etc.

Describe the hazard / location / incident (including any contributing physical site conditions as applicable).

Did the hazard/incident result in an injury? Yes, complete below No, [save form and send to BUSafety@Brandonu.ca](mailto:BUSafety@Brandonu.ca)

Describe the injury: Include details regarding body parts (left or right) and physical site conditions if applicable.

Select all categories that apply to the injury (for tracking and reporting purposes):

<input type="checkbox"/> Allergic Reaction	<input type="checkbox"/> Motor Vehicle Accident	<input type="checkbox"/> Slip/Trip, Fall - Outdoor
<input type="checkbox"/> Burn	<input type="checkbox"/> *MSI - Office Setting	<input type="checkbox"/> Slip/Trip, Fall - Outdoor - Ice
<input type="checkbox"/> Energized Shock/Contact	<input type="checkbox"/> *MSI - Other	<input type="checkbox"/> Struck Against Stationary
<input type="checkbox"/> Equipment Malfunction/Failure	<input type="checkbox"/> Pinch/Crush Body Part	<input type="checkbox"/> Struck with Object
<input type="checkbox"/> Exposure - Biological	<input type="checkbox"/> Critical Incident/Post-Traumatic Stress	
<input type="checkbox"/> Exposure - Chemical	<input type="checkbox"/> Security Concern	
<input type="checkbox"/> Improper Disposal of Biohazards	<input type="checkbox"/> Sharps - Improper Disposal	
<input type="checkbox"/> Laceration - Major	<input type="checkbox"/> Sharps - Needlestick/puncture	
<input type="checkbox"/> Laceration - Minor	<input type="checkbox"/> Slip/Trip, Fall - Indoor	
Other (describe):		

*Musculoskeletal Injury

Did the incident result in time loss (more than the day of the incident)? Yes No
If yes, what was the last day_____ and time worked:_____

Did the incident result in medical attention (visit to health care provider or emergency room): Yes No
If yes, what is the name of the Health Care Provider seen: _____

If yes to either of the above, please complete the [Worker’s Compensation Board Employee Report](#) (if applicable) and send to BUSafety@BrandonU.ca

Individual involved in incident:

Select appropriate category: Student Employee Visitor

Name:			
Employee or Student ID:		Contact #:	
Faculty/Department (Student/Employee): Destination (Visitor):			
Current Address:			
Home Address if other than above:			



Description of Incident - Describe what happened in detail including specific (Left or Right) body parts injured

First aid or medical assistance required? Yes No Unknown

First aid or medical assistance accepted? Yes No Unknown

If known, specify the type of medical assistance: _____

If known, specify who provided medical assistance: _____

Employee/student reported the incident to Supervisor/Manager/Faculty Member/Dean? Yes No

If yes, name of person(s) reported to: _____

Witnesses Information

Witness #1 - Name:	
Contact #:	

Witness #2 - Name:	
Contact #:	

Describe Property Damage to Brandon University (if applicable)

Save the form and send directly to the BUSafety@brandonu.ca email address

The remaining portion of the form to be completed by the Workplace Safety & Health Advisor

Is surveillance footage available? Yes No Unknown

Recommendation by Workplace Safety & Health Advisor

Recommendations sent to employee or student supervisor/manager/Faculty Member/Dean? Yes No

Relevant Work Order Numbers: _____

Reviewed by Workplace Safety & Health Committee	Yes	No	Date: _____
Additional Recommendations/Comments from the WSHC			