

UBC Student & Visitor Incident/Accident Report

This report is to be completed by, or on behalf of, Visitors to UBC Campus and UBC Students who have been injured on UBC premises.

•		Date of Report		
The personal information below should pertain to the injured/involved party.		(m/d/y)/		
Last Name	First	Name	Telephone:	
Street Address	City		Postal Code	
Status:	Seve	erity of Injury:		
O Visitor		O First Aid only O Medical treatment (doctor, hospital)		
O Student	Mod	Mode of Transportation to Medical Facility:		
O Other				
Department Visited	Date	e and Time of Incident/Accident		
	(m/d/	l/y)/ am / pm		
Describe the exact location of 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: O Yes O No (Please provide witness' name and telephone number, if possible.)				
,				
Incident/Accident Reported to: Title:		Phone #		
Name:				
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:	I			
1) Original to Department*, with copies to:				
3) Health, Safety & Environment (50-2075 Wesbrook Mall, Vancouver, V6T 1Z1. Fax: 822-0572)				
4) Risk and Insurance Manager, (2336 West Mall, Vancouver, V6T 1Z4 Fax 822-1224)				
Reviewed by (Safety Committee Members)	Date (m/d/y)	Comments and	l/or Further Action	

If you have any questions, please call Health, Safety & Environment at 822-8759 or 822-2029.

April

*NOTE: The Department in which the injury occurred is responsible for ensuring that the accident is investigated by the department's accident investigator(s). The Department must review and implement the resulting recommendations and take corrective action.