York University Incident Report (Non-Employee)

To be completed by the Supervisor/Person in Charge.
Complete form within 24 hours of notification to:
(1) Risk Management Services, Finance Department by emailing riskmgmt@yorku.ca
(2) Area Health and Safety Officer

PLEASE COMPLETE IN BLOCK LETTERS

CONTACT INFORMATION

Name of Affected Person: ☐ Student, Student Number:
Contact (address / phone/ email): ☐ Volunteer ☐ Visitor

Supervisor/Person in Charge:
Title/Position:
Campus Address:

Contact (phone and email):

DATE /LOCATION

Date of incident (d/m/yr): Time: ☐am ☐pm
Date reported to Supervisor (d/m/yr):
Location: ☐ Keele ☐ Glendon ☐ Other (please specify):
Location details (include building/room#, if outside nearest building, and site description):

IMMEDIATE RESPONSE AND NOTIFICATION

Who was notified as part of the incident response? Provide relevant details.
☐ First Aider, Name(s): First Aid provided:
EMS/911 ☐ Yes ☐ No
☐ Security, Responding Officer(s)/Badge#:
☐ Health, Safety, & Employee Well-Being Office, Name(s):
☐ Area Health and Safety Officer, Name:
☐ Health Care Provider, Clinic/Doctor name:
Was health care required immediately? ☐ Yes ☐ No If no, what did the affected person do after the incident?
(e.g. remained in class, went home to rest, will arrange to see doctor if symptoms persist/worsen)

Transported to (name of hospital):
Do you suspect a critical injury? ☐ Yes ☐ No (if yes, notify HSEWB office immediately.)
Critical Injuries include: 1) unconciousness, 2) substantial blood loss, 3) fracture of leg or arm (but not a single finger or toe), 4) the amputation of a leg, arm, hand, or foot (but not a single finger or toe), 5) burns to a major portion or the body, 6) causes the loss of sight inan eye, and 7) places life in jeopardy
Other reports completed? (e.g. H&S Chemical/Biological Incident report, Incident Report at other Institution) List:

NON-INJURY

Is this a Near-Miss Incident? ☐ Yes ☐ No If yes, describe any unsafe acts/conditions that could have resulted in an injury:

Property damage? ☐ Yes ☐ No If yes, describe:

INCIDENT DESCRIPTION

What was affected person doing immediately before incident occurred?

Describe what happened in injured person's own words if possible (attach separate report, if necessary) :

Other relevant information (e.g. part of a course/research?):

Did the injured person's action cause/contribute to the incident? ☐ Y ☐ N If yes, specify how:

Describe the injury including location on body, (left/right) and what injury was sustained): ☐ N/A

Wound (cut, scrape, bruise, puncture):	Eye Injury :
Fracture (broken bones):	Poisoning, stings, bites:
Muscle, ligament, joint injury (sprain):	Burn:
Head/spine/back injury:	Medical: (asthma, chest pain, seizure, etc.)

What is the current status of the affected person (if known)?

Witnesses/Others Involved (attach separate report, if necessary)**:**
Name:
Home Address:
Phone: Age:

This person is a: ☐ York Student ☐ York Employee/Faculty ☐ Visitor ☐ Volunteer

FOLLOWUP

Causes/Contributing Factors:
Hazard(s) present:
☐ Heat ☐ Cold ☐ Air Quality
☐ Biological ☐ Chemical
☐ Noise ☐ Vibration ☐ Energy Source (e.g. electrical)
☐ Heights ☐ Sharp Objects ☐ Moving/Lifting Objects
☐ Trip hazard (e.g. uneven or slippery surface)

Lack of/ Inadequate:
☐ Equipment/Tools
☐ Equipment Maintenance/Safety Guards
☐ Personal Protective Equipment
☐ Standard Operating Procedures/Process
☐ Training ☐ Communication

Other:
☐ Poor Housekeeping ☐ Horseplay
☐ Poor Weather ☐ Other:_____

Details:

Preventative/Corrective Actions Taken:
(indicate if action is complete or in progress)

Report completed by:

Name Signature Date (d/m/yr)