



# UBC Okanagan 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.

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) Mode of Transportation to Medical Facility:	
Department Visited	Date and Time of Incident/Accident (m/d/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: <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
<u>Distribute Report as follows:</u> 1) <b>Original to Department*</b> , with copies to: 2) Health and Safety Committee 3) Safety & Environment Officer (Human Resources, Suite 304 Hardy Place, 1500 Hardy Street, Kelowna, B.C. V1Y 8H2; Fax: 762-8625) 4) Risk and Insurance Manager, (2336 West Mall, Vancouver, V6T 1Z4 Fax (604) 822-1224)		
Reviewed by (Safety Committee Members)	Date (m/d/y)	Comments and/or Further Action

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

April 2005

**\*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.**