

UNIVERSITY INJURY/NEAR-MISS REPORT



ENVIRONMENTAL
HEALTH AND SAFETY

Injured party/informant to complete the form, sign, date and submit to EHS within 24 hours of the injury. All completed forms will be entered into the Injury Management System by EHS. Once entered into the Injury Management System the injured party/submitter and their immediate supervisor will be able to review the incident and add further information if necessary.

Injured Party/Submitter Details	
Surname:	First name:
Home phone #:	Office or cell phone #:
Email address:	Concordia ID #:
Department:	Union or Association:
Status: <input type="checkbox"/> Faculty/Staff <input type="checkbox"/> PhD/Postdoc. <input type="checkbox"/> Graduate Student <input type="checkbox"/> Undergraduate Student <input type="checkbox"/> External Contractor <input type="checkbox"/> Visitor	
Event Details	
<input type="checkbox"/> Injury <input type="checkbox"/> Near-miss (no injury) <input type="checkbox"/> Other: _____	
Date of event (YYYYMMDD):	Time: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Location of incident Campus: Bldg.: Floor/Room #:	
Description of situation and how it occurred:	
Injury and Medical Treatment Details	
Were you injured? (If yes, describe injury including body parts injured):	
If injury occurred, please check one: <input type="checkbox"/> No First-Aid administered, returned to work/academic/other activities <input type="checkbox"/> Left work/academic/other activities to return home. <input type="checkbox"/> Saw a physician, returned to work/academic/other activities	<input type="checkbox"/> First-Aid administered, returned to work/academic/other activities <input type="checkbox"/> Left work/academic/other activities to see a physician. <input type="checkbox"/> Refused medical treatment
If first aid was administered who provided it? <input type="checkbox"/> Security. <input type="checkbox"/> CERT. <input type="checkbox"/> Self <input type="checkbox"/> Health Services <input type="checkbox"/> Other _____	
Other Details	
Were you wearing personal protective equipment? If yes, please list the personal protective equipment you were wearing:	
Were you provided with training to perform the task? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	
How could the injury/near-miss have been avoided? Corrective measures to prevent reoccurrence.	
Did you inform Security? : <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	

Environmental Health and Safety SGW-FB-801-00 514-848-2424 ext. 4877 email: ehs@concordia.ca
website: concordia.ca/ehs

SUBMIT BOTH SIDES OF

UNIVERSITY INJURY/NEAR-MISS REPORT



ENVIRONMENTAL
HEALTH AND SAFETY

Witness information (If applicable)

Surname:	First name:
Phone #:	

Supervisor's/Instructor's Details

Surname of supervisor/Instructor:	First name:
Department:	
Phone #:	Email:
Did you inform your supervisor within 24 hours of the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain: <input type="checkbox"/> N/A	

By submitting this form, the injured party/informant consents and authorizes Environmental Health and Safety to distribute the information in this form to the appropriate parties, which could include the CNESST. Refer to Policy on Injury Reporting and Investigation (VPS-42) for further information.

Injured Party/Informant

Signature:	Date:
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If this form is completed by someone other than the injured party, please fill out the following:

Form completed by:	Phone #:
Signature:	Date:
If completed by Security: Was the individual transported via ambulance? <input type="checkbox"/> Yes <input type="checkbox"/> No	

EHS Office Use Only

Reference #:	Reviewed by:	Date:
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