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; pottles@yorku.ca Fax: (416) 736-5815**
2) **Area Health and Safety Officer (http://www.yorku.ca/dohs/documents/Area_Health_Safety_List.pdf)**

CONTACT IINFORMATION

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/Person in Charge (d/m/yr):
Location: □ Keele □ Glendon □ Other (please specify):
Location details (include building/room#, if outside nearest building, and site description):

IIMMEDIATE RESPONSE & 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 (HSEWB) Office Name(s):
□ Area Health & 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 immediately.
Other reports completed? (e.g. H&S Chemical/Biological Incident Report, Incident Report at other institition) List:

*See Incident (Non-Employee) Reporting Procedure for definition.

NON-INJURY

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

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

INCIDENT AND ILLNESS/INJURY DESCRIPTION

What was the affected person doing immediately before incident occurred?
Describe what happened in person's own words if possible (attach separate report, if necessary) :

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

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

Describe any injury including location on body, (left/right) and what injury was sustained: □ N/A
(Note: Indicate what is known at the time of reporting. Further information can be provided after initial report.)

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: ( ) - Gender: □ F □ M
□ York Employee/Faculty □ York Student □ Visitor □ Volunteer

FOLLOWUP

Causes/Contributing Factors:	**Preventative/Corrective Actions Taken:**
Hazard(s) present: □ Heat □ Cold □ Air Quality □ Biological □ Chemical □ Trip hazard (e.g. uneven or slippery surface) □ Noise □ Vibration □ Energy Source (e.g. electrical) □ Heights □ Sharp Object □ Moving/Lifting Objects *Lack of/ Inadequate:* □ Equipment/tools □ Equipment Maintenance/Safety Guards □ Standard Operating Procedures/Process □ Training □ Communication □ Personal Protective Equipment *Other:* □ Poor housekeeping □ Horseplay □ Poor weather □ ______________ *Details:*	*(indicate if action is complete or in progress)*

Report completed by:

Name Signature Date (d/m/yr)