University of Manitoba
Faculty of Kinesiology and Recreation Management

Notice of Injury or Incident Form

Section 1: Notice of Injury *(Skip to Section 2 for non-injury related incidents)*

Form to be completed for all injuries. Worker's Compensation Employee and Employer Reports should be completed for incidents requiring medical assistance or time loss. Employees may call 954-4100 to report a claim to the WCB.
Forms are located on our Web site at:
http://umanitoba.ca/admin/vp_admin/risk_management/ehso/occ_health_comp/aiwcb.html

Notice Regarding Collection, Use, and Disclosure of Personal Information and Personal Health Information by the University

Your personal information and personal health information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University to track all injuries that occur at the University, to determine if a Workers Compensation Board claim is required, and for communication. Your personal information and personal health information may be disclosed to the Worker's Compensation Board in the event of a WCB claim. Your personal information and personal health information will not be used or disclosed for other purposes, unless permitted by *The Personal Health Information Act* (PHIA) or *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of your personal information or personal health information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

Name of Injured Person:_____ **Phone #:**_____

Date of Injury:_____ **Location:**_____ **Time:**_____ **a.m.**___ **p.m.**___

Witness Name:_____ **Phone #:**_____

Name of Person completing this form (if not the Injured Person):_____ **Phone #:**_____

Cause of Injury/What was injured? (Please note left or right, if applicable).

What were you doing at the time of Injury?

Did you report the accident immediately?_____ **To whom?**_____

If not what was your reason?

Was Security Services contacted? Yes___ No___ **Was Winnipeg Fire Paramedic Service contacted?** Yes___ No___

Was treatment provided by staff? Yes___ No___ **Was Injured Person transported to hospital?** Yes___ No___

COMPLETE FOR EMPLOYEE INJURY:

Department:_____ **Supervisor Phone #:**_____

Have you seen or do you plan to see a doctor?_____ (If you miss work due to an accident, you must see a doctor on the first day you miss work and provide medical updates until you return to work.)

Name and Address of Doctor:_____

Name of Supervisor:_____ **Signature of Supervisor:**_____

Signature of Injured/Involved Person:_____ **Date:**_____

SEE PAGE 2 – DISTRIBUTION

UNIVERSITY OF MANITOBA
Faculty of Kinesiology and Recreation Management

Section 2: Notice of Incident

Form to be completed for all non-injury related incidents. For injuries, please fill out Section 1, Notice of Injury.

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(1) **Name of Individual Involved:**_____ **Phone #:**_____

(2) **Name of Individual Involved:**_____ **Phone #:**_____

Date of Incident:_____ **Location:**_____ **Time:**_____ **a.m.**___ **p.m.**___

Witness Name:_____ **Phone #:**_____

Name of Person completing this form (if not the Involved Person):_____ **Phone #:**_____

Was Security Services contacted? Yes___ No___

Describe the incident that occurred in detail: (Use an additional page if needed)

_____

_____

_____

_____

_____

_____

_____

_____

Follow up after incident: Date:_____ **Name of staff person who followed up:**_____

_____

_____

_____

DISTRIBUTION: This completed form must be given immediately to the direct Supervisor of the employee or area in which the incident occurred; and for distribution as follows:

Supervisor –original (file for possible future reference)
Cc to Employee – copy (injuries only)
Cc to Unit Director/Manager – copy
Cc to EHS – copy **E-mail: EHSO@Umanitoba.ca or Fax 474-7629**
Cc to Director of Facilities – copy **E-mail: Simon.Wang@umanitoba.ca**
Cc to Director of Security Services – copy (incidents only) **E-mail: Rick.Jansen@umanitoba.ca**

Security Services Report No._____

Form Updated September 2018