



**University
of Manitoba**

Notice of Injury (Green Card - Physical Plant)

PLEASE COMPLETE BOTH PAGES

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.

Notice Regarding the Storage of Personal Information and Personal Health Information Outside of Manitoba

The University of Manitoba has taken steps to ensure that its agreement with VelocityEHS for their online services provided is in compliance with *The Freedom of Information and Protection of Privacy Act* (FIPPA) and *The Personal Health Information Act* (PHIA). Please be aware that your personal information and personal health information may be stored on servers outside of Manitoba. The University of Manitoba cannot and does not guarantee protection against the possible disclosure of your data including, without limitation, against possible disclosures of data in accordance with the laws of another Canadian jurisdiction.

Name of Injured Person: _____ **Date of Injury:** _____

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

Location: _____ **Time:** _____ **a.m.** ___ **p.m.** ___

Has a Safety & Health Committee member been advised of this incident? Yes ___ No ___

Do you wish to have a S & H Committee member involved in the incident investigation? Yes ___ No ___

Name of S & H Committee member _____

Cause of Injury

What were you doing at the time of Injury?

What was injured? (Please note left or right, if applicable).

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

If not what was your reason?

PLEASE GO TO PAGE 2 TO COMPLETE FORM

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: _____

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

Name of Supervisor: _____ **Phone #:** _____

Signature of Supervisor: _____ **Date:** _____

Signature of Injured Worker: _____ **Date:** _____

Distribution:

Supervisor –original

Cc to Employee – copy

Cc to EHS - E-mail copy to: OHReport@Umanitoba.ca or Fax 204-474-7629

Report No. _____

Form Updated November 2020