



**University
of Manitoba**

Environmental Health & Safety
191 Extended Education
Winnipeg, MB
R3T 2N2
Email: ehso@umanitoba.ca

Instructions

1. Contractor Incident Investigation Form must be completely filled out in detail and in legible handwriting or typed.
2. Completed forms must be submitted to the U of M Project Manager and Environmental Health & Safety within 24 hours of the incident.
3. Incomplete forms or outdated forms will be sent back for revisions.
4. U of M may request supporting documentation, ex: proof that corrective actions have been implemented.
5. If the incident involves faculty, U of M staff, students, or impacted building occupants, contact the U of M Project Manager immediately.

Identifying Information

Project Name:		Incident Date:	
Project Number:		Incident Time:	
Location of Incident (Building Name, room, etc.):		Date Reported:	
Company Name:		Phone Number:	
Site Contact Name:		Phone Number:	
Injured Worker Name:		Phone Number:	

Incident Type (Mark all that apply)

☐	Near Miss	☐	Injury	☐	Site Safety	☐	Environmental
☐	Illness	☐	Property Damage	☐	Other:		

Incident Description

Provide a detailed description of the incident.

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Contractor Incident Investigation Form



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Describe the outcome of the incident (injury, damage, environmental release, impact on U of M such as time, financial, equipment, population, etc.):

Corrective Action

Initial response/action to incident:

Long term corrective measures and communications:

Contractor Incident Investigation Form



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Additional Notes:

Signatures

Contractor Signatures

Injured Employee:		Date:	
Employee Supervisor:		Date:	
Contractor's Safety Manger:		Date:	
Contractor's Project Manager:		Date:	

U of M Health and Safety

Received By:		Date:		U of M PM:	
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