



NOTICE OF INJURY OR INCIDENT FORM

SECTION 1: NOTICE OF INJURY

(Skip to Section 2 for non-injury related incidents)

This form needs 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 204-954-4100 to report a claim to the WCB.

Forms are located online:

http://umanitoba.ca/admin/vp_admin/risk_management/ehso/occ_health_comp/aiwcb.html

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).

[Empty text box for Cause of Injury/What was injured?]

What were you (the Injured Person) doing at the time of Injury?

[Empty text box for What were you (the Injured Person) doing at the time of Injury?]

Did you (the Injured Person) report the accident immediately? _____ To Whom: _____

If not, what was your reason?

[Empty text box for 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 DISTRIBUTION OF COMPLETED FORM UNDER SECTION 2

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.



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.)

(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 person involved): _____ Phone: _____

Was Security Services contacted? Yes ___ No ___ Was Winnipeg Fire Paramedic Service contacted? Yes ___ No ___

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

Multiple horizontal lines for describing the incident.

Follow-up after incident: Date: _____ Staff person who followed-up: _____

Multiple horizontal lines for follow-up information.

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)

Security Services Report No. _____

Cc to Employee – copy (injuries only)

Cc to Unit Director/Manager – copy

Cc to EHS – copy

Cc to Director of Facilities – copy

Cc to Director of Security Services – copy (incidents only)

E-mail: Judy.Shields@umanitoba.ca or Fax 474-7629

E-mail: Simon.Wang@umanitoba.ca

E-mail: Rick.Jansen@umanitoba.ca

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