



## 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](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).**

**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?**

**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.



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## Faculty of Kinesiology and Recreation Manage

## 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)**

**Follow-up after incident:** Date: \_\_\_\_\_ **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)**

## 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)**

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**E-mail:** [Rick.Jansen@umanitoba.ca](mailto:Rick.Jansen@umanitoba.ca)

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