

SECTION 1: NOTICE OF INJURY OR INCIDENT FORM (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 the 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? Yes No
(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: _____

SECTION 2: NOTICE OF INCIDENT OR INJURY FORM

(Form to be completed for all non-injury related incidents. For injuries, please fill out Section I, 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 the 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:

Follow-up after the 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)

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

E-mail: Simon.Wang@umanitoba.ca

E-mail: Gordon.Perrier@umanitoba.ca

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