Information required for Person Involved or Injured in an Incident/Accident

This form and attachments (in Word document format) are to be forward to [chemsafe@chem.ubc.ca](mailto:chemsafe@chem.ubc.ca) within 24 hours of the Incident/Accident occurring.

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| **Information for Person Involved and/or Injured** | **Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Your Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Your Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Person Involved/Injured Type (select one): \_\_\_\_\_\_\_\_**   * **Staff** * **Faculty** * **Paid Student** * **Practicum** * **Undergrad/Other Student/Visitor/Volunteer**   **Severity (Make a Selection from choices below): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   * **Incident Only (near-miss, minor injury or property damage only);** * **Injury requiring medical treatment;** * **Time loss (days off work, excluding incident day** |
| **Date and Time of Incident/Accident** | **Date: \_\_\_\_\_\_\_\_\_**  **Time : \_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm** |
| **Location of Accident** | Which Building: Chemistry Bldg \_\_\_\_\_\_\_\_\_\_ (A, B, C, D or E)  Which Lab Room #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Incident Details** | Describe fully what happened before, during, and after the incident (please do not include names or personal information):  Attach as separate sheet in Word document format.  Please do not include names or personal information in the incident description  Main Body Part Injured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Secondary Body Part Injured: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Side of body injured: \_\_\_\_Left; \_\_\_\_Right; \_\_\_\_Middle;    **Accident Type: (Make a Selection from choices below)** \_\_\_\_\_\_\_\_\_\_\_\_\_   * Contact with Abrasive/Sharp Object * Contact with Chemicals * Equipment/Facility Failure (No Injuries) * Puncture/Needle Stick * Spills or Gas Leaks * Stuck Against * Struck by * Temperature Extremes * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   **Injury Type:** **(Make a Selection from choices below)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Abrasion (irritated skin) * Allergy * Back Strain * Chemical Burns * Concussion * Contusion (bruise) * Dislocation * Fractures (broken bone) * Thermal burns * Laceration (cut or torn skin) * Loss of Consciousness * No Injuries * Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ * Other Strains * Pain from Impact * Puncture Wound (needles, animal bites, glass cut) * Respiratory Irritation * Response to Bodily Disorder (eg vomiting, dizziness, seizure etc) * Tendinitis, Tenosynovitis * Tinnitus (buzzing or ringing in the ear) * Unknown   Is this a serious injury: Yes or No \_\_\_\_\_\_\_\_\_\_  If yes **(Make a Selection from choices below)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Life threatening or resulting in loss of consciousness * Major broken bones in head, spine, pelvis, arms or legs * Major crush injuries * Major cut with severe bleeding * Amputation of arm, leg or large part of hand or foot * Major penetrating injuries to eye, head or body * Severe (third-degree) burns * Punctured lung or other serious respiratory condition * Injury to internal organ or internal bleeding * Injury likely to result in loss of sight, hearing or touch * Injury requiring CPR or other critical intervention * Diving illness such as decompression sickness or near drowning * Serious chemical or heat/cold stress exposure * Other - give additional information |
| **Name of Person First Reported To** | **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Date and Time Reported** | **Date: \_\_\_\_\_\_\_\_\_**  **Time : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_am/pm** |
| **Supervisor of employee involved** | **Name of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Medical Response** | Was first aid given? Yes or No \_\_\_\_\_\_\_\_\_  Did the employee visit a hospital, clinic, or visit a physician or qualified practitioner? Yes or No \_\_\_\_\_\_\_\_\_  **Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Date visited doctor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Modified Duties** | Are modified duties required?: Yes, No or N/A \_\_\_\_\_\_\_\_ |

Additional Incident Information

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| **Witness or Other Required Personnel (OPTIONAL)** | **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Person Type:**  **\_\_x\_\_ Person’s presence may be necessary for a proper investigation; or**  **\_\_\_\_ Witness** |
| **Witness or Other Required Personnel (OPTIONAL)** | **Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Person Type:**  **\_\_\_\_ Person’s presence may be necessary for a proper investigation; or**  **\_\_\_\_ Witness** |
| **Previous pain or disability** | Are you aware of any previous pain or disability in the area of the present injury? Yes or No \_\_\_\_\_\_\_  If Yes, explain: |
| **Injury responsibility** | Was any person not employed by UBC responsible for the injury?  Yes, or No \_\_\_\_\_\_  If Yes, explain: |

Personal Information

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| **Employee's Name** | **First Name:**  **Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| **Physical Information** | Gender Identity: \_\_\_\_Male; \_\_\_\_Female; \_\_\_\_Other  Weight \_\_\_\_\_ lbs. Height \_\_\_\_ft \_\_\_\_in |
| **Personal Identifying Information (either birth date or ID are required)** | Employee Id: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Age at time of incident: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Employee's Contact Info** | Employee’s Home/Cell Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Employee’s Home street address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

UBC Employment Information

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| **Employee's Job Title** | Employee’s Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Job Type - make a Selection from choices below: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   * Administration - Managers, Administrators, Clerical, Instructors and Related * Faculty - Professors, Instructors, etc. * Paid Student (Graduate or Co-op) * Research Technician (Eng/Bio/Chem/Rad) * Research Technician (other) * Trades * Other |
| **Employee's Department** | Department: Chemistry or Other (specify) \_\_\_Chemistry\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Union/Association** | Union/Association - make a Selection from choices below: \_\_\_\_\_\_\_   * APPS * BCBEU * CUPE 116 * CUPE 2278 * CUPE 2950 * Faculty Association * IUOE 882 * Other (specify) |

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