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 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 descriptionMain 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; \_\_\_\_OtherWeight \_\_\_\_\_ 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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