



To be completed for all incidents, and near misses.

1) CONTACT INFORMATION

Name of reporting person:

Telephone #:

Email:

Name of affected person (if different than above):

Who is the affected person? [ ] MHC Employee [ ] Student [ ] Visitor [ ] Volunteer [ ] Contractor

Type of Occurrence: [ ] Incident [ ] Near Miss [ ] First Aid Injury [ ] Medical Aid [ ] Occupational Illness

2) DETAILS OF OCCURRENCE

Date of Occurrence:

Time:

Date of Report:

Time:

Location of Occurrence (Building and Room #):

Description of Occurrence: (If additional space is required, use the back of this page or attach additional sheet) (What happened to cause the incident? What was the person doing? Was there any equipment, people or materials involved - identify the size, weight and type)

3) INJURY INFORMATION

Did the injured person receive First Aid? [ ] Yes [ ] No Was the person providing First Aid treatment certified? [ ] Yes [ ] No

If yes, by whom and please provide treatment details.

Did the injured person visit a Hospital and/or Physician? [ ] Yes [ ] No How was the injured person transported? [ ] Personal Vehicle [ ] Ambulance [ ] Other

If yes, which Hospital/Physician and what date/time?

Is the employee off work past the day of the incident? [ ] Yes [ ] No

4) SUGGESTIONS TO PREVENT REOCCURENCE AND/OR ADDITIONAL COMMENTS

Report Prepared By: Signature: Date: Manager/Dean: Signature: Date:

Submit via Email to: CampusSafety@mhc.ab.ca Or to MHC OHS Office via interoffice mail WITHIN 24 HOURS