Lakehead
UNIVERSITY

ACCIDENT REPORT

☐ ACCIDENT WITH AN INJURY (NO MEDICAL AID)
☐ ACCIDENT WITH AN INJURY (MEDICAL AID)
☐ INCIDENT (ACCIDENT WITH NO INJURY)

IDENTIFICATION

LAST NAME	FIRST NAME	SOCIAL INSURANCE NUMBER
LOCAL ADDRESS	POSTAL CODE	LOCAL PHONE NUMBER
DEPARTMENT	JOB TITLE	STATUS AT TIME OF ACCIDENT ☐ EMPLOYEE ☐ VOLUNTEER ☐ CONTRACTOR OR SERVICE PROVIDER ☐ STUDENT ☐ EMPLOYED ON CAMPUS (NOT LU)

INJURY/FIRST AID/HEALTH CARE

DATE/TIME ACCIDENT INJURY NOTED: DAY MONTH YEAR AM PM	DATE/TIME REPORTED TO SUPERVISOR: DAY MONTH YEAR AM PM	NAME & DEPARTMENT OF SUPERVISOR TO WHOM REPORTED:

IF INJURY/DISEASE WAS NOT REPORTED IMMEDIATELY, PROVIDE REASON FOR DELAY:

DATE/TIME FIRST AID (INCL. SELF TREATMENT): DAY MONTH YEAR AM PM	FIRST AID PROVIDED BY:

NATURE OF INJURY (SPECIFY TYPE OF INJURY, PART OF BODY AFFECTED):

NATURE OF INITIAL FIRST AID, INCLUDING ANY SELF-TREATMENT:

REFERRED TO/SOUGHT HEALTH CARE: ☐ YES ☐ NO	TRANSPORTED TO: ☐ HOSPITAL ☐ CLINIC ☐ HOME ☐ N/A	TRANSPORTED BY: ☐ AMBULANCE ☐ TAXI ☐ OWN VEHICLE ☐ OTHER

DATE/TIME INITIAL HEALTH CARE: DAY MONTH YEAR AM PM	HEALTH CARE PROVIDED BY (NAME) AT (LOC'N):	CURRENT/CONTINUING HEALTH CARE PROVIDED BY/AT:

ACCIDENT DESCRIPTION

LOCATION OF OCCURENCE: (Include building and room number, if outdoors give closest building, parking lot #. Include floor plans if necessary):

DESCRIPTION OF HOW THE ACCIDENT OCCURED, INCLUDING RELEVANT EVENTS LEADING UP TO THE ACCIDENT (USE ADDITIONAL PAGES, IF REQUIRED):

Revised January 2011

ACCIDENT DESCRIPTION CONT'D

CORRECTIVE ACTIONS TAKEN OR SUGGESTED:

☐ ADDITIONAL PAGES OR SUPPLEMENTAL INFORMATION IS ATTACHED

IF SPECIFIC EQUIPMENT OR MATERIALS WERE INVOLVED, PLEASE DESCRIBE, INCLUDING SIZE, WEIGHT AND COMPOSITION:

NAME OF WITNESS(ES):

SIGNATURES

SIGNATURE: **BY SIGNING THIS DOCUMENT, I CONFIRM THAT THIS STATEMENT IS COMPLETE AND CORRECT**	☐ REPORT BY PERSON INVOLVED ☐ WITNESS REPORT ☐ SUPERVISOR'S REPORT	DAY MONTH YEAR	AM PM
SIGNATURE OF PERSON TAKING REPORT	TITLE & DEPARTMENT OF PERSON TAKING REPORT	DAY MONTH YEAR	AM PM
DOH=	DOC=	#YEARS CURRENT	DOB=