



UBC STUDENT AND VISITOR INCIDENT/ACCIDENT REPORT FORM

This report is to be completed by, or on behalf of, Visitors to UBC Campus and UBC Students who have been injured on UBC premises.

The personal information below should pertain to the injured/involved party.

		Date of Report (m/d/y) ____/____/____
Last Name	First Name	Telephone:
Street Address	City	Postal Code
Status: <input type="checkbox"/> Visitor <input type="checkbox"/> Student <input type="checkbox"/> Other _____	Severity of Injury: <input type="checkbox"/> First Aid only <input type="checkbox"/> Medical treatment (doctor, hospital) Mode of Transportation to Medical Facility:	
Department Visited	Date and Time of Incident/Accident (m/d/y) ____/____/____ : ____ am / pm	
Describe the exact location of accident. (Include building name and room number, or if outside describe area in detail.)		
Describe the events leading up to and including the incident/accident in the words of the injured party, if possible. Include details of any injuries (Use reverse if necessary):		
Eye Witness: <input type="checkbox"/> Yes <input type="checkbox"/> No (Please provide witness' name and telephone number, if possible.)		
Incident/Accident Reported to: Name:	Title:	Phone #
If this report is completed by someone other than the injured/involved party, please provide the following information:		
Your Name	Tel #	Relationship to injured party
<u>Distribute Report as follows:</u> 1) Original to Department* , with copies to: 2) Building Safety Committee, if incident occurred within or near building 3) Health, Safety & Environment (50-2075 Wesbrook Mall, Vancouver, V6T 1Z1. Fax: 822-6650) 4) Risk and Insurance Manager, (3 rd flr 2075 Wesbrook Mall, Vancouver. Fax 822-1224)		
Reviewed by (Safety Committee Members)	Date (m/d/y)	Comments and/or Further Action

If you have any questions, please call Health, Safety & Environment at 822-8759 or 822-2029.

June 1997