Lakehead UNIVERSITY

ACCIDENT REPORT

revised June 2019

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

IDENTIFICATION

LAST NAME | FIRST NAME

ADDRESS | POSTAL CODE | LOCAL PHONE NUMBER

ACTIVITY AT TIME OF INJURY

STATUS AT TIME OF ACCIDENT
☐ Pool Patron ☐ Member ☐ Student
☐ Employee ☐ General Public
☐ Volunteer ☐ Part of Group Booking

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

ACCIDENT DESCRIPTION

LOCATION OF OCCURENCE: (Include area & room, if outdoors give best description of location. Include floor plans or diagram if necessary):

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

ACCIDENT DESCRIPTION CONT'D

FOLLOW UP ACTION

DAY MONTH YEAR Time AM PM

HEALTH CARE PROVIDED BY (NAME) AT (LOC'N):

CURRENT/CONTINUING HEALTH CARE PROVIDED BY/AT:

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
☐ STAFF 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

SIGNATURE OF SUPERVISOR

*****Please submit this report to the Manager of Operations, Athletics immediately upon completion. The file will also be stored in "Incident Reports" on the Google Drive.*****