



IMMEDIATE SUPERVISOR/INSTRUCTOR TO COMPLETE Sections E & F, **Sign, Date and Send** within 24 hours. **If Injury to student**, send copy to Student Services. **If injury to employee**, send copy to HR, and WCB form required.

Section E: General Information

Supervisor/Instructor Name:

Department

Position

Phone number

E-mail

If there was a delay in reporting this event, list reason(s):

Section F: Follow up

Cause of Event – Root Causes (e.g., unsafe equipment, lack of training, etc.)

Material Damage? Yes No

What corrective actions are being taken to prevent recurrence?

Is follow-up required? Yes No

If so, by whom:

Comments:

Supervisor's Signature

Date

Office use only

Reviewed by:

Date

Distribution:

Director, HR

Dept. Chair/Head

Dean/Director

Director, SS

VP/President

OH&S