



Please fill out this form completely.

Accident/Incident Report Form

Personal Information of person completing report

Full Name: _____

Faculty / Staff Student Visitor

Student No.: _____

Mailing Address: _____

City: _____

Province: _____

Postal Code: _____

Telephone: _____

E-mail Address: _____

Description of the Event

Date of Event: _____

Time of Event: _____

Date Reported: _____

Time Reported: _____

Location of Event (Lab, classroom, etc.): _____

What happened (Description of event and how it occurred):

If someone was injured, please give the name of the injured party and describe the injury:

What remedial action was taken or is recommended?

Signature _____

Date: _____