Note: This form must be completed by the injured person's Supervisor/Instructor and forwarded to Occupational Health and Safety Department at OHS@kpu.ca within 1 day of injury.

REPORT OF INJURY

☐ Employee ☐ Student **(if student please complete the following)**:

Program _____ Is the Student enrolled in an apprenticeship program? ☐ Yes ☐ No

Did the injury occur while the Student was on an approved work practicum? ☐ Yes ☐ No

Name of Injured Person _____

Address _____
Street City Postal Code

Telephone _____ Birthdate (yy/mm/dd) _____ Date/Time of Injury_____

Enter Normal Hours of Work (if modified or flexible schedule please provide details using Week 1 & 2)

	Sun	Mon	Tues	Wed	Thur	Fri	Sat
Week 1 ➔							
Week 2 ➔							

Injury was first reported to: ☐ First Aid ☐ Supervisor Date_____Time_____am/pm
☐ Other (please specify) _____

First Aid Treatment Provided: ☐ Yes (If Yes, date first aid received:_____ ☐ No

Describe injury location (e.g., address of location, where injury took place)

_____

_____

Did you (injured person) go to the hospital, medical clinic, or see a Health Care Practitioner as a result of this injury?
☐ Yes ☐ No

If YES, please state the name and address of physician or provider:

_____

Are you aware of any recent pain or disability in the area of your reported injury? ☐ Yes ☐ No
If YES, please explain:

_____

Please describe in full what happened to cause the injury and mention all contributing factors: description of machinery, weight and size of objects involved, etc.

_____

_____

_____

State ALL injuries and specify part(s) of the body injured indicating left or right.

_____

_____

Names of persons who witnessed the injury:

_____

Will there be any time loss beyond day of this injury? ☐ Yes ☐ No

Hours worked on last day: FROM _____a.m./p.m. TO _____ a.m./p.m.

Date/time last worked _____Did injured person return to work? ☐ Yes ☐ No

If yes, provide date and time injured person returned to work: _____

_____ _____
Supervisor/Instructor Signature & Date Employee/Student Signature & Date