



**Note:** This form must be completed by the injured person's Supervisor/Instructor and forwarded to the Occupational Health & 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

If yes, address of location where injury occurred\_\_\_\_\_

Name of Injured Person \_\_\_\_\_ Student/Banner ID #\_\_\_\_\_

Address \_\_\_\_\_

StreetCityPostal Code

Telephone \_\_\_\_\_ Date of Birth (yy/mm/dd)\_\_\_\_\_ S.I.N. \_\_\_\_\_

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 →							

Date of Injury \_\_\_\_\_Time of Injury \_\_\_\_\_a.m/p.m

Injury was first reported to: ☐ First Aid ☐ Supervisor Date\_\_\_\_\_Time\_\_\_\_am/pm

☐ Other (please specify) \_\_\_\_\_

First Aid Treatment Required: ☐ Yes ☐ No Personal Health # \_\_\_\_\_

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.

Will the injured person see a Physician as a result of this injury? ☐ Yes ☐ No

If YES, please state the Physician's name and address:

Will the injured person attend a hospital as a result of this injury? ☐ Yes ☐ No Date: \_\_\_\_\_

If YES, please state the hospital and address:

Names and addresses 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 last worked \_\_\_\_\_

Did injured person return to work? ☐ Yes ☐ No

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

Supervisor/Instructor \_\_\_\_\_ Date \_\_\_\_\_ Employee/Student \_\_\_\_\_ Date \_\_\_\_\_