

PLEASE SUBMIT COMPLETED REPORT TO HEALTH & SAFETY VIA CAMPUS OPERATIONS OR EMAIL TO HEALTH@TYNDALE.CA WITHIN 24 HOURS OF THE ACCIDENT / INCIDENT. THIS REPORT IS CONFIDENTIAL BUT MAY BE REVIEWED BY SPECIFIC PERSONNEL IN THE PROCESS OF RESPONSE & RESOLUTION. THIS FORM CAN BE FOUND AT TYNDALE.CA/HEALTHANDSAFETY

DATE & TIME OF ACCIDENT / INCIDENT:

INDIVIDUALS INVOLVED

FIRST NAME	LAST NAME	AFFILIATION	PHONE/EXTENSION/EMAIL
		<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER	
		<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER	
		<input type="checkbox"/> EMPLOYEE <input type="checkbox"/> STUDENT <input type="checkbox"/> OTHER	

ACCIDENT / INCIDENT DETAILS

LOCATION	<input type="checkbox"/> BAYVIEW CAMPUS	<input type="checkbox"/> OFF-SITE	ROOM #	
NATURE	<input type="checkbox"/> SERIOUS INJURY <input type="checkbox"/> MINOR INJURY	<input type="checkbox"/> POTENTIAL FOR INJURY (NEAR MISS) <input type="checkbox"/> ACCIDENT / PROPERTY DAMAGE	<input type="checkbox"/> SECURITY INCIDENT <input type="checkbox"/> SICKNESS / ILLNESS	
AREA OF INJURY (CHECK ALL THAT APPLY)	<input type="checkbox"/> ANKLE <input type="checkbox"/> BACK <input type="checkbox"/> ARM <input type="checkbox"/> CHEST	<input type="checkbox"/> EYE <input type="checkbox"/> FINGER <input type="checkbox"/> FOOT <input type="checkbox"/> HAND	<input type="checkbox"/> HEAD <input type="checkbox"/> INTERNAL	<input type="checkbox"/> LEG <input type="checkbox"/> OTHER <input type="checkbox"/> NECK
TYPE OF INJURY (CHECK ALL THAT APPLY)	<input type="checkbox"/> ALLERGIC REACTION <input type="checkbox"/> ANIMAL/INSECT BITE <input type="checkbox"/> BREAK/DISLOCATION	<input type="checkbox"/> BRUISE/ABRASION <input type="checkbox"/> BURN <input type="checkbox"/> CUT/LACERATION	<input type="checkbox"/> GRADUAL ONSET <input type="checkbox"/> LOSS OF CONSCIOUSNESS <input type="checkbox"/> MEDICAL SYMPTOMS	<input type="checkbox"/> SPRAIN/STRAIN <input type="checkbox"/> OTHER
DETAILS / COMMENTS				
	(CONTINUE REPORT ON BACK AS NEEDED)			
EMS / TYNDALE RESPONDERS	<input type="checkbox"/> AMBULANCE/PARAMEDICS <input type="checkbox"/> FIRE DEPARTMENT <input type="checkbox"/> POLICE DEPARTMENT <input type="checkbox"/> SECURITY <input type="checkbox"/> OTHER: _____			

PERSON REPORTING ACCIDENT / INCIDENT

NAME: _____ SIGNATURE: _____ DATE: _____

OFFICE USE ONLY (FOLLOW-UP REQUIRED)

- | | | |
|--|---|---|
| <input type="checkbox"/> PARENT(S) – IF UNDER 18 | <input type="checkbox"/> DEAN OF STUDENTS | <input type="checkbox"/> ACCESSIBILITY SERVICES |
| <input type="checkbox"/> UC/SEM. FACULTY DEAN | <input type="checkbox"/> SUPERVISOR/MANAGER | <input type="checkbox"/> HUMAN RESOURCES |
| <input type="checkbox"/> JHS COMMITTEE | <input type="checkbox"/> ACCIDENT INVESTIGATION | <input type="checkbox"/> SECURITY REPORT |

ACCIDENT / INCIDENT DETAILS

DETAILS ...CONTINUED

FOLLOW-UP

**NOTES / ACTION TAKEN
OR RECOMMENDED**

REVIEWED BY

NAME: _____ TITLE: _____

SIGNATURE: _____ DATE: _____

ORIGINAL REPORT TO BE FILED WITH THE HEALTH & SAFETY CO-CHAIRS