



University Students' Council of the University of Western Ontario
INJURY/ILLNESS REPORTING FORM

FOR PERSON REPORTING THE INJURY/ILLNESS

Name of ill or injured person:.....

(If different, who is making this report):.....

Today's date (YYYY/MM/DD):.....

Type: injury: a physical harm to an employee
 illness: a deviation from the normal, healthy state of the body

Time of incident:

Location (e.g. building, room, area)

Who else was present:

Signs & Symptoms:

Cause (if known):

repeat issue; last reported to (name & date):

FOR SUPERVISOR/MANAGER COMPLETING THIS SECTION

Supervisor/manager name:

Date (YYYY/MM/DD):

Rating of incident:

- Major: death, critical injury, or lost time
- Moderate: requires medical attention (non-life threatening)
- Minor: requires first aid or other corrective measures

Action Plan in Response to incident:

near miss (if no actual injury/illness, then go to Hazard Reporting Form)

First aid provided (by whom):



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Additional medical treatment: tracked using

Form 6, from WSIB (worker)

Form 7, from WSIB (employer)

additional forms, specify:

Hazard Reporting Form is completed and attached to help prevent a repeat incident.

Notified:

USC Health & Safety Coordinator

JHSC

The Worker Health & Safety Representative