



Human Resources
Occupational Health and Safety

Initial Critical Injury Report Form

Date: _____ Time: _____

Reported by: _____ Department: _____ Calling from (ext.): _____
Request caller to remain by phone

Injured Persons Name: _____ Dept: _____

Constituency (Union etc.) of Injured Worker: _____ Supervisor: _____

Nature of Injury _____

Time of Accident: _____ Location of Accident: _____

Witnesses: _____

Statement: _____

Has Police and Ambulance been called (911)?	Yes "	No "
Has First Aid been Administered?	Yes "	No "
Has Staff/Faculty Health been notified?	Yes "	No "

If the person completing the form is not from Occupational Health and Safety ensure one of the following personnel are contacted immediately.

- " Valerie Smith 84742
- " Mike Mosley 84747
- " Tony Hammoud 88730
- " Hoa Ly 84746
- " Jennifer Stanley 81135

Form Completed by: _____