

# Thompson Rivers University - Hazard and Incident Report Form

## PART A – Occurrence Details *(Please tick one or more of the following)*

Personal Injury  
  Hazard  
  Near miss  
  Security/Violence  
  Environmental Damage  
  Workplace Illness/Hygiene

Name of person reporting occurrence: ..... Ph: ..... Date of Occurrence:     /     /

Brief description of occurrence/hazard: .....

.....

.....

.....

## PART B – Injury Details *(To be completed by First Aid/Supervisor, if not an injury please proceed directly to PART C)*

Surname of injured person: ..... Given name(s): ..... DOB:     /     /     Sex:  M  F

Student/employee number: ..... Employment status:  Employee  Student U/G  Student P/G  Contractor  Visitor

Department (Address if non employee): ..... Ph: .....

Date of incident:     /     /     Time: .....am/pm     Where did the incident occur: ..... Bldg: ..... Rm: .....

Treatment provided:  None  First Aid  Ambulance  Hospital  Dr  Other..... Time lost:  N  Y - Date Stopped:     /     /

Bodily Location: ..... Type of Injury: ..... Cause of Injury: .....

First aider name: ..... Ph: ..... Date of treatment:     /     /

## PART C – Risk Assessment *(To be completed by supervisor of area for any hazard, near miss or injury which necessitated or had the potential for medical treatment or resulted in lost time)*

**Step 1 – Consider the Consequences**  
 What are the consequences of this incident occurring?  
 Consider what could reasonably have happened as well as what actually happened. Look at the descriptions and choose the one most suitable.

**Step 2 – Consider the Likelihood**  
 What is the likelihood of the consequence identified in step 1 happening? Consider this without new or interim controls in place. Look at the descriptions and choose the one most suitable.

**Step 3 – Calculate the Risk**  
 1. Take step 1 rating and select the correct column  
 2. Take Step 2 rating and select the correct line  
 3. Circle the risk score where the two ratings cross on the matrix below.  
 E=Extreme, H=High, M=Medium, L=Low, N=Negligible

CONSEQUENCES		CONSEQUENCES					
Consequence	Description	Likelihood	Description	Maj	Mod	Min	Ins
<b>Major</b>	Death or extensive injuries	<b>A</b>	Is expected to occur	E	E	H	M
<b>Moderate</b>	Medical treatment	<b>B</b>	Could probably occur	E	H	M	M
<b>Minor</b>	First aid treatment	<b>C</b>	Could occur, but only rarely	H	M	M	L
<b>Insignificant</b>	No treatment	<b>D</b>	may occur, but probably never will.	M	M	L	N

## PART D – Corrective Action *(To be completed by supervisor of area where incident occurred with consultation where possible)*

Determine Appropriate controls to minimize the risk of injury with priority being the elimination of the hazard(s) contributing to the occurrence.

Hierarchy of Controls	Action Taken/Recommended	Whom	When	Job No. (If app.)
1. Elimination (remove the hazard)				
2. Substitution (use an alternative)				
3. Isolate (separation from hazard)				
4. Redesign (change equipment or process)				
5. Administration (change work practice)				
6. Personal Protective Equipment (i.e. gloves, glasses, hearing protection)				

## PART E – Sign Off *(Please forward a copy to the OHS Department and the JHSC Chair where appropriate)*

Employee Signature : ..... Supervisor Name : ..... Supervisor Signature : .....

Date :     /     /     Phone Number : ..... Date :     /     /

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