

## Thompson Rivers University – Incident Report Follow-Up Form

Part A – Hazard/Injury Details (Refer to the original Incident Report Form for information)	<b>Office Use Only</b>
	HI Report No : _____

**Personal Information:**

Person's last name	First name	Gender	<input type="checkbox"/> M	<input type="checkbox"/> F
Date of incident	Time of incident			
Location of incident	Department of incident			
Supervisor's last name	Supervisor's first name			

**Part B – Risk Assessment Review** (To be completed by supervisor of area with consultation of employees)

Have the recommended control measures described in the initial report been completed?:  Yes  No  
 If **NO** please state reason and expected completion?

Has the recommended control measures implemented introduced any new hazards? :  Yes  No  
 If **YES**, describe the hazard:

**PART C – 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.)
<ol style="list-style-type: none"> <li>1. Elimination (remove the hazard)</li> <li>2. Substitution (use an alternative)</li> <li>3. Isolate (reduce exposure)</li> <li>4. Redesign (change equipment or process)</li> <li>5. Administration (change work practice)</li> <li>6. Personal Protective Equipment (i.e. gloves eyewear, respirator)</li> </ol>				

**PART D – Sign Off** (Please forward original to the OHS Department when completed)

Supervisor's Name	Supervisor's Signature	Date :
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