WORKSAFEBC

First Aid Record

This record must be kept by the employer for three (3) years. This form must be kept at the employer's workplace. Do **NOT** submit to WorkSafeBC.

Sequence number

Name	Occupation
Date of injury or illness (yyyy-mm-dd)	Time of injury or illness (hh:mm) ☐ a.m. ☐ p.m.
Initial reporting date and time (yyyy-mm-dd) (hh:mm) ☐ a.m. ☐ p.m.	Follow-up report date and time (yyyy-mm-dd) (hh:mm) ☐ a.m. ☐ p.m.
Initial report sequence number	Subsequent report sequence number(s)

Description of how the injury, exposure, or illness occurred (What happened?)

Description of the nature of the injury, exposure, or illness (What you see — signs and symptoms)

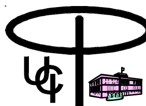
Description of the treatment given (What did you do?)

Name of witnesses

1.	2.

Arrangement made relating to the worker (return to work/medical aid/ambulance/follow-up)

Provided worker handout ☐ Yes ☐ No Alternate duty options were discussed ☐ Yes ☐ No	A form to assist in return to work and follow-up was sent with the worker to medical aid ☐ Yes ☐ No
First aid attendant's name (please print)	First aid attendant's signature
Patient's signature	



UNIVERSITY, COLLEGE AND INSTITUTE PROTECTION PROGRAM
RISK MANAGEMENT
P.O. Box 3586
Victoria, British Columbia
V8W 3W6

Phone No.: (250) 387-0525
Fax No.: (250) 953-3050

INCIDENT REPORT

Please type or print in block letters. Attach an additional sheet if more space is required.

1 GENERAL

This section MUST be completed in full

NAME OF INSTITUTION/FACILITY | LOCATION | PHONE NO. ( )

NAME OF INSTRUCTOR INVOLVED | DATE OF INCIDENT (YYYY MM DD) | TIME OF INCIDENT: ___ ___ : ___ ___ ☐ a.m. ☐ p.m

DESCRIPTION OF HOW INCIDENT OCCURRED

WITNESSES – *If more than 2 witnesses, attach an additional sheet.*

1. NAME OF WITNESS

ACTIVITY OF WITNESS AT TIME OF INCIDENT

2. NAME OF WITNESS

ACTIVITY OF WITNESS AT TIME OF INCIDENT

☐ THERE WERE NO WITNESSES TO THE INCIDENT

LOCATION OF INCIDENT:

- 01 ☐ BASEMENT
- 02 ☐ CAFETERIA/LUNCHROOM
- 03 ☐ CLASSROOM
- 04 ☐ SHOPS/LABS/KITCHENS
- 05 ☐ DOORS/ENTRANCE AREAS
- 06 ☐ DORMITORIES
- 07 ☐ GYMNASIUM/AUDITORIUM
- 08 ☐ HALLWAY/LOCKERS
- 09 ☐ LIBRARY/OFFICE/ LOUNGE/STUDY ROOM
- 10 ☐ PARK/GROUNDS
- 11 ☐ PARKING LOT
- 12 ☐ PLAYING FIELDS
- 13 ☐ PLAYGROUND EQUIPMENT
- 14 ☐ POOL
- 15 ☐ RINK
- 16 ☐ SIDEWALKS/ROADS OFF FACILITY PROPERTY
- 17 ☐ STAIRS WITHIN BUILDING
- 18 ☐ STAIRS/SIDEWALKS WITHIN GROUNDS
- 19 ☐ WASHROOMS/CHANGING ROOMS/SHOWERS
- 20 ☐ OTHER – *Please explain:*

2 A

Complete this section for Bodily Injury/ Other Party Damage

NAME OF PERSON INVOLVED IN INCIDENT | AGE | GENDER – For statistical purposes only ☐ MALE ☐ FEMALE | PROGRAM | NIGHT SCHOOL ☐ YES ☐ NO

HOME ADDRESS / CITY / PROVINCE | POSTAL CODE

STATUS
☐ STUDENT ☐ VISITOR ☐ OTHER – *Please explain:*

EMERGENCY CONTACT NAME | WAS THE CONTACT PERSON NOTIFIED? ☐ YES ☐ NO *If YES, please explain how:*

INSTRUCTIONS/COMMENTS OF EMERGENCY CONTACT

FIRST AID TREATMENT REQUIRED? ☐ YES ☐ NO | TYPE OF TREATMENT PROVIDED? | BY WHOM? | ADVISED TO SEEK MEDICAL TREATMENT? ☐ YES ☐ NO

WAS HOSPITAL CARE PROVIDED? ☐ YES ☐ NO | *If YES, please identify type of care:* ☐ ADMITTED ☐ EMERGENCY VISIT ONLY | TREATMENT? *(If known)* | HOW WAS THE PATIENT TRANSPORTED? ☐ AMBULANCE ☐ OTHER: ☐ PRIVATE VEHICLE

NATURE OF INJURY/DAMAGE – ***Check one only***

- 01 ☐ BRUISE/ABRASION/SWELLING
- 02 ☐ BURN
- 03 ☐ CONCUSSION(SUSPECTED)
- 04 ☐ CRUSHED
- 05 ☐ DENTAL DAMAGE
- 06 ☐ DISLOCATION
- 08 ☐ FRACTURE
- 09 ☐ IMBEDDED OBJECT
- 10 ☐ NO INFORMATION
- 11 ☐ NOSEBLEED
- 12 ☐ OPEN WOUND/LACERATION
- 13 ☐ SPRAIN/STRAIN (SUSPECTED)
- 14 ☐ WINDED
- 15 ☐ PROPERTY DMG./OTHER PARTY
- 16 ☐ OTHER – *Please explain:*
- 07 ☐ **FATALITY/DEATH**

BODY AREA INJURED – ***Check one only***

- 01 ☐ ARMS/SHOULDER/ELBOW
- 02 ☐ CHEST/ABDOMEN/PELVIS
- 03 ☐ EYES
- 04 ☐ FACE
- 05 ☐ FEET/TOES
- 06 ☐ FINGERS/HANDS/WRISTS
- 07 ☐ HEAD/FOREHEAD
- 08 ☐ LEGS/KNEES/ANKLES
- 09 ☐ MULTIPLE AREAS
- 10 ☐ NECK
- 11 ☐ NO INFORMATION
- 12 ☐ SPINE/BACK
- 13 ☐ TEETH/MOUTH
- 14 ☐ OTHER – *Please explain:*

CAUSE OF INJURY OR DAMAGE – ***Check one only***

- *01 ☐ ASSAULT-NO WEAPON (INTENTIONAL)
- *02 ☐ ASSAULT-WITH WEAPON (INTENTIONAL)
- 03 ☐ CHOKING/SUFFOCATION
- 04 ☐ DROWNING
- 05 ☐ EXPOSURE TO FLAME/ELECTRICITY/ HOT OR CAUSTIC SUBSTANCE
- 06 ☐ FALL AT SAME HEIGHT
- 07 ☐ FALL FROM DIFFERENT HEIGHT
- 08 ☐ FATIGUE/OVER EXERTION
- 09 ☐ FOREIGN BODY
- *10 ☐ HORSEPLAY (NO INTENT TO INJURE)
- 11 ☐ MAINTENANCE ACTIVITY
- 12 ☐ MOTOR VEHICLE ACCIDENT
- 13 ☐ POISONING/ALLERGIC REACTION/INSECT BITE
- 14 ☐ BUS ACCIDENT
- 15 ☐ SPORTS INJURY
- 16 ☐ STRUCK AGAINST PERSON
- 17 ☐ STRUCK/CRUSHED BY/ AGAINST OBJECT
- 18 ☐ OTHER – *Please explain:*
- *19 ☐ SEXUAL ASSAULT (ALLEGATIONS INCLUDED)

*List names of others involved:

ACTIVITY AT TIME OF INCIDENT – ***Check one only***

- 01 ☐ CLASSROOM
- 02 ☐ BETWEEN CLASSES
- 03 ☐ EXTRA-CURRICULAR (i.e. CLUB)
- 04 ☐ OUT-OF-CLASS FIELD TRIP
- 05 ☐ PRE-OR POST CLASS
- 06 ☐ SPORTS EVENT
- 07 ☐ SPORTS RELATED CLASS
- 08 ☐ TRAVEL TO OR FROM FACILITY
- 09 ☐ UNORGANIZED SPORTS
- 10 ☐ WORK PLACEMENT
- 11 ☐ MAINTENANCE ACTIVITY
- 12 ☐ OTHER – *Please explain:*

2 B

Complete this section for Loss or Damage to Facility and/or Contents

PROPERTY INVOLVED – *Describe property Involved. Attach addtional sheet if more space is required.* | ESTIMATE OF LOSS/DAMAGE $

PROPERTY INVOLVED IS:
☐ OWNED ☐ LEASED ☐ PERSONAL

DID THE FIRE DEPARTMENT ATTEND? ☐ YES ☐ NO | REPORT NUMBER

WERE POLICE NOTIFIED? ☐ YES ☐ NO | NAME OF BRANCH/DETACHMENT | CASE NUMBER

WERE THERE VISIBLE SIGNS OF FORCED ENTRY?
☐ YES ☐ NO *If YES, please explain:*

CAUSE OF LOSS/DAMAGE

- 01 ☐ BURGLARY/FORCIBLE ENTRY
- 02 ☐ COLLAPSE
- 03 ☐ DISHONESTY/INFIDELITY
- 04 ☐ EXPLOSION
- 05 ☐ FALLING OBJECT
- 06 ☐ FIRE/LIGHTNING
- 07 ☐ GLASS BREAKAGE
- 08 ☐ IMPACT BY VEHICLE/ AIRCRAFT
- 09 ☐ RIOT
- 10 ☐ ROBBERY
- 11 ☐ SMOKE
- 12 ☐ THEFT
- 13 ☐ TRANSPORTATION
- 14 ☐ VANDALISM/ MALICIOUS ACTS
- 15 ☐ WATER/ESCAPE RUPTURE/FREEZING
- 16 ☐ WINDSTORM/HAIL
- 17 ☐ OTHER – *Please Explain:*

3

FULL NAME OF PERSON COMPLETING REPORT – *Please print* | TITLE | SIGNATURE | DATE SIGNED (YYYY MM DD)

FULL NAME OF ADMINISTRATOR – *Please print* | SIGNATURE | DATE SIGNED (YYYY MM DD)

OTHER INFORMATION/COMMENTS/UPDATE?