

Environmental Health & Safety

Last Updated: February 22nd, 2018

Employee Injury or Illness Reporting

This form is to be used to report **injuries and/or illnesses** sustained by an **employee**. These can be caused by physical, chemical, or biological hazards or acute psychological trauma resulting from work.

Injuries and illness may not become evident until after the event which caused them. If you suspect that an injury or illness is the result of something that happened in the workplace, it must be reported.


Reporting Information

Person Reporting. This is the person who is submitting the report. This field will auto-populate with the information of the person who is signed in.


Date and Time Reported. These correspond to when the report was started, not the date and time that the report was submitted. Once initiated, the date and time of the report cannot be changed.

To whom was this reported? Include the first and last name of any person(s) informed of this injury/illness. If listing multiple people, separate names with a comma (e.g. John Smith, Jane Doe). If Emergency Services were called (e.g. CUSERT, DUS, etc...), please include this information as well. Any witnesses can be included in the "Witness Information" section later on.

Employee Involved. This is the person who sustained the injury or illness.

Department. This field is auto-populated once the "Employee Involved" is indicated. If the department is missing or incorrect, you may use the "Smart Search" or  Tree Lookup to select the appropriate department.

Employee Group. This is the union affiliation or job type classification of the "Employee Involved". The employee group is auto-populated and cannot be modified.

Employee's Supervisor. This field is auto-populated once the "Employee Involved" is indicated. If the supervisor is missing or incorrect, you may use the "Smart Search" or  Lookup Table to select the appropriate person. If the supervisor is unknown, select "UNKNOWN, UNKNOWN".

Location of Incident

Off Campus. Check this box if the incident occurred off of Carleton University property. Include information in the **Location Comments** section.


Building & Room #. If the incident took place indoors, include the building and room #. If the incident did not occur in a particular room, include the nearest room, area, or floor. If outdoors, indicate the nearest building(s) and provide a description in the comments section below.



Location Type. Selecting a location type helps to identify the exact location where the incident occurred. A lookup table displays all available options.

Location Comments. Include all relevant location information not recorded in the previous fields.

Incident Details


Date of Incident. Select the date on which the injury or illness occurred by clicking on the calendar symbol  or by clicking inside the field and selecting the appropriate date. **Time of Incident.** Type in the time of the injury or illness by following the HH:MM am/pm format. If unsure, please approximate

Description of Incident. Include as much information as possible about how the illness or injury occurred. You may include: events leading up to and following the incident, the mental or physical states of persons involved, and the context within which the incident occurred (e.g. while performing work, while transporting materials).

If any, specify chemicals or objects involved. If the injury or illness involved one or more chemicals, please include the chemical name(s), volume(s), and concentration(s). If the injury or illness involved a piece of equipment, tool or other object, please specify the type and how it was being used when the incident occurred.

Why did the incident occur? Include all mitigating factors suspected to have contributed to the incident. Examples of common causes include: insufficient training, lack of attention, inappropriate footwear or clothing, missing signage, failure to follow protocol, and equipment malfunction or tampering.


Injury or Illness. Check the box that is most appropriate for this incident.

Part and Side of Body. Select the most appropriate options in the  Lookup Table. If multiple body parts are involved, select the body part most severely or primarily affected and note the additional affected body parts in the "Description of injury or illness sustained" field.

Description of injury or illness sustained. Include a detailed description of the injury or illness sustained. Information can include:

- symptoms experienced
- body parts and side of body affected (e.g. left wrist, right shoulder)
- progression of injury or illness (e.g. sudden or gradual)

Health Care Status. Select either "Health Care" or "No Health Care". Please note that for treatment to be considered "Health Care", it must involve the services of a health care professional (e.g. doctor, nurse, paramedic). Visiting a hospital, walk-in clinic, or family doctor are examples of instances where "Health Care" should be selected. First aid is NOT considered healthcare.

Treatment Facility Type. If "Health Care" was selected, please indicate where these services were received by selecting one of the options in the  Lookup Table.

Treatment Details. If treatment was received in a health care facility, include the name and address of the facility (e.g. Ottawa General Hospital at 501 Smyth road, Ottawa ON). Also, indicate the type of healthcare professional seen (e.g. family doctor, emergency room physician, nurse practitioner), their name, and their contact information, if available. If First Aid treatment was performed, indicate the extent of the treatment and the name of the first aider.



Type of Incident. This section is used by EHS staff for tracking purposes. You may use the 🔍 Lookup Table to select the most appropriate option.

Witness Information

Please include the names of any witnesses and any information they may have provided.

Documents & Pictures

Please attach all relevant pictures or documentation related to this incident. This can be done by either clicking the camera icon 📷 or by navigating to the *Documents* tab at the top of the page and selecting ➕ **New**.

[Supported File Types](#)

[Submit an Employee Injury or Illness Report](#)

