



Guide to Reporting a Hazard or Incident

GUIDE TO REPORTING A HAZARD OR INCIDENT

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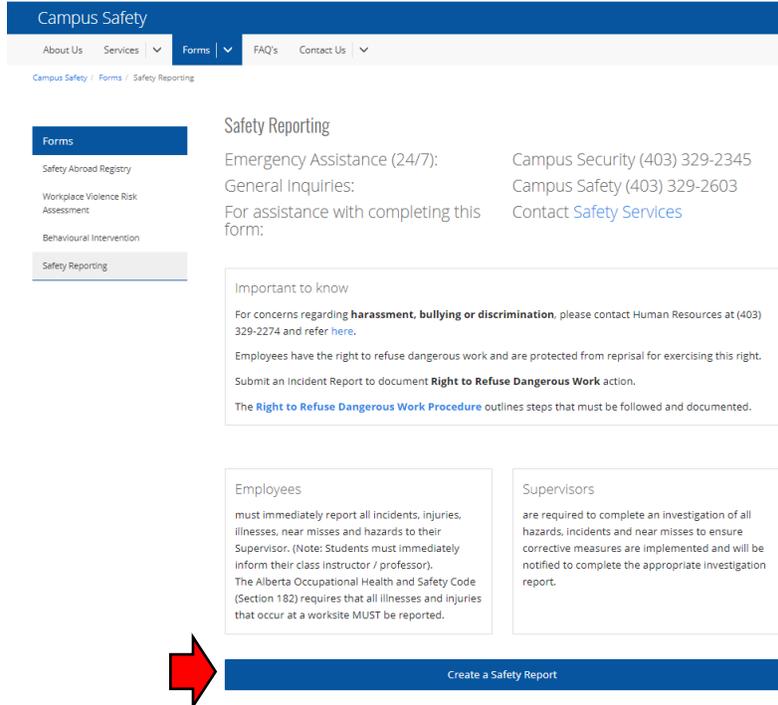
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1. INTRODUCTION

Go to University of Lethbridge Campus Safety webpage located at:
<https://www.uleth.ca/campus-safety> and click **Create a Safety Report**



Next Create a Safety Report



Now Create a Safety Report Submission

Create a Safety Report/ Investigation

Use the buttons below for the purpose of creating either a Safety Hazard or Incident Report, or an Investigation Follow Up.



+ CREATE SAFETY REPORT SUBMISSION

+ CREATE SAFETY INVESTIGATION FOLLOW UP

Enter the Start Date/Time (This is the date and time the incident/near miss/hazard occurred)

Start Date/Time ⓘ



2020-01-15 13:05

Enter the Report Type (Either Incident Report or Hazard Report)

Are you reporting a Hazard? A 'hazard' is a situation, condition or thing **that has the potential** to harm a person, the environment or cause damage to property.

Or, are you reporting an Incident or Near Miss? An Incident is an unplanned event resulting in injuries, illness and/or property damage. A Near Miss is an event which injury or property damage did not occur, but which could have caused an injury or loss under slightly different circumstances.

Report Type ⓘ



Select one...

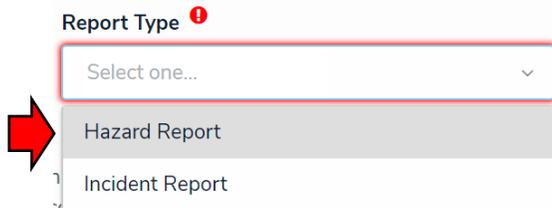
Hazard Report

Incident Report

ANY DROPDOWNS OR TEXTBOXES WITH AN EXCLAMATION MARK ARE MANDATORY FIELDS THAT REQUIRE A VALUE.

2. REPORTING A HAZARD

Enter the **Report Type** by selecting **Hazard Report**

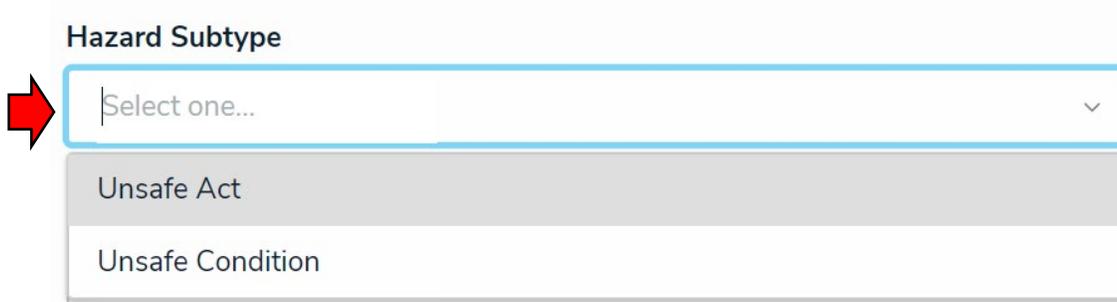


A screenshot of a web form titled "Report Type" with a red information icon. A dropdown menu is open, showing "Select one..." at the top, "Hazard Report" (highlighted in grey), and "Incident Report" below it. A red arrow points to the "Hazard Report" option.

In the **Hazard** section, select the appropriate **Hazard Sub-type**

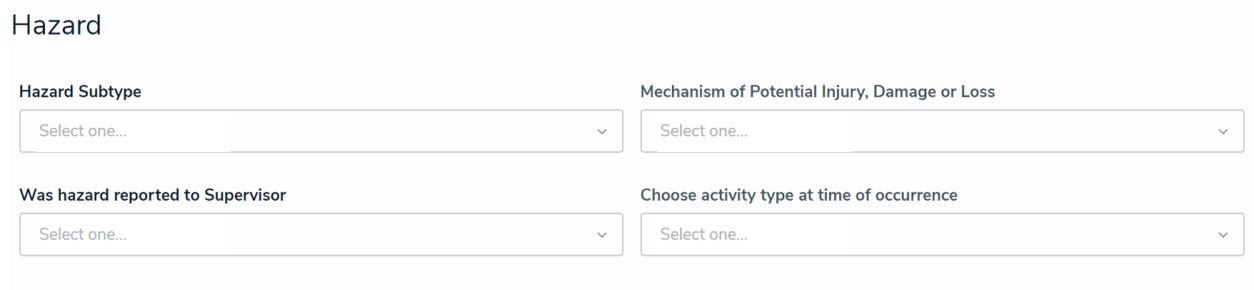
An **Unsafe Act** is defined as performance of a task or other activity that is conducted in a manner that may threaten the health and/or safety of workers (e.g. horseplay, lack of or improper use of PPE, operating equipment at an unsafe speed)

An **Unsafe Condition** is defined as a condition in the work place that is likely to cause property damage or injury (e.g. defective tools, inadequate guards, inadequate warning signs)



A screenshot of a web form titled "Hazard Subtype". A dropdown menu is open, showing "Select one..." at the top, "Unsafe Act" (highlighted in grey), and "Unsafe Condition" below it. A red arrow points to the "Unsafe Act" option.

Ensure to complete all areas in the **Hazard** section



A screenshot of the "Hazard" section of a form. It contains four dropdown menus arranged in a 2x2 grid:

- Top-left: "Hazard Subtype" with "Select one..."
- Top-right: "Mechanism of Potential Injury, Damage or Loss" with "Select one..."
- Bottom-left: "Was hazard reported to Supervisor" with "Select one..."
- Bottom-right: "Choose activity type at time of occurrence" with "Select one..."

Complete the Demographics section by selecting +Create New

Demographics

Click "Create New" to add reporting person name and contact information. Click "Create New" to add additional involved persons, including witnesses.

Person Involvements ⓘ

First Name	Last Name	Person Type	Supervisor/Instructor/University Contact	Supervisor Contact (Phone/Email)
------------	-----------	-------------	--	----------------------------------

No data to display



+ CREATE NEW

Complete the Create a New Person Involvement screen and select CREATE

Create a New Person Involvement ✕

First Name ⓘ

Last Name ⓘ

Person Type ⓘ

Phone Number ⓘ

Email Address

Street Address

City

Province

Postal Code

(if unknown, type unknown)

Supervisor/Instructor/University Contact ⓘ

Supervisor Contact (Phone/Email) ⓘ



Describe the Hazard in full detail

Description 

Location  If you do not have or know the room number, please describe your location below.

Select one... 

Location Details

Room Number

Next complete the **Preventative Measures** section

Preventative Measures

Do you have any suggestions for prevention of similar accidents/incidents



Yes 

Suggested Corrective Action

Attach any supporting documents, photos or information by selecting **+CREATE NEW** in the **Supporting Documentation** section.

Supporting Documentation

Please attach any documents, photos or supporting information for this record.

Attachments

Name	Attachment Type	Created By
<i>No data to display</i>		
 + CREATE NEW		

Complete the **Create a New Attachment** and select **CREATE**

Create a New Attachment

Attachment Name

Attachment Type



CREATE

CANCEL

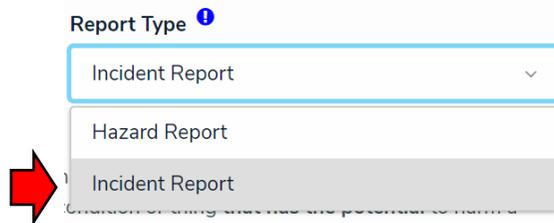
The final step is the select **CREATE** at the bottom of the report.



CREATE

3. REPORTING A INCIDENT/NEAR MISS

Enter the Report Type by selecting Incident Report from the drop-down menu



A screenshot of a web form titled "Report Type" with an information icon. The dropdown menu is open, showing three options: "Incident Report" (highlighted in grey), "Hazard Report", and another "Incident Report" option. A red arrow points to the first "Incident Report" option.

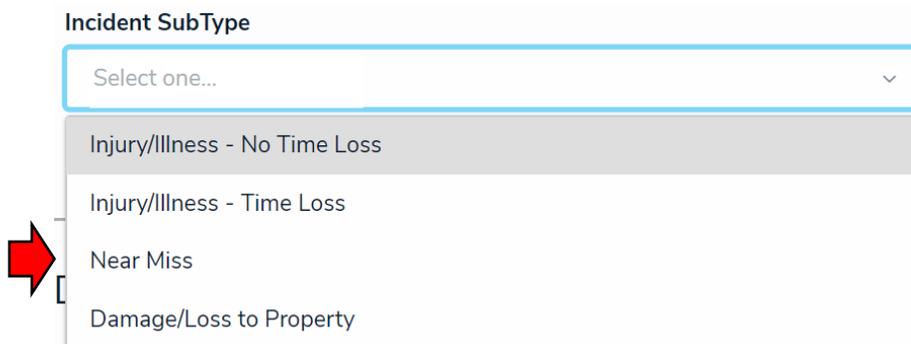
Select the appropriate Incident Sub-type

A work injury or illness is classified as **“no loss time”** if health care is required arising from the work injury or illness, but there is no absence from work other than the day of injury. No loss in pay is suffered as a result of the injury.

A **time loss injury or illness** is something that results in a fatality, permanent disability or time lost from work. It could be as little as one day (past the day of injury/illness) or a shift.

A **Near Miss** is an event which injury or property damage did not occur, but which could have caused an injury or loss under slightly different circumstances.

Damage/Loss to Property means all losses, costs or damages arising in connection with any personal injury, death, damage to property or economic loss.



A screenshot of a web form titled "Incident SubType". The dropdown menu is open, showing five options: "Select one...", "Injury/Illness - No Time Loss" (highlighted in grey), "Injury/Illness - Time Loss", "Near Miss", and "Damage/Loss to Property". A red arrow points to the "Near Miss" option.

Select the activity type at the time of incident occurrence:

Choose activity type at time of occurrence



Select one...

- Work/Research Related
- Course Related
- Extra Curricular
- Volunteer Activity
- Practicum/Internship/Coop
- Other

In the Near Miss section, select the Mechanism of Potential Injury, Damage or Loss

Near Miss

Mechanism of Potential Injury, Damage or Loss



Select one...

- Aggrevation of Pre-existing Condition
- Air Quality
- Animal Contact
- Biohazardous Material Exposure (pathogen, blood, bodily fluid)
- Chemical exposure
- Chemical spill
- Collision with Object

Complete the **Demographics** section by selecting **+Create New**

Demographics

Click "Create New" to add reporting person name and contact information. Click "Create New" to add additional involved persons, including witnesses.

Person Involvements ⓘ

First Name	Last Name	Person Type	Supervisor/Instructor/University Contact	Supervisor Contact (Phone/Email)
------------	-----------	-------------	--	----------------------------------

No data to display



[+ CREATE NEW](#)

Complete the **Create a New Person Involvement** screen then select **CREATE**

Create a New Person Involvement

First Name ⓘ	Phone Number ⓘ	
<input type="text"/>	Please format (xxx) xxx-xxxx <input type="text"/>	
Last Name ⓘ	Email Address	
<input type="text"/>	<input type="text"/>	
Person Involvement Type	Street Address	
Select one... ▾	<input type="text"/>	
Person Type ⓘ	City	Province
Select one... ▾	<input type="text"/>	<input type="text"/>
	Postal Code	
	<input type="text"/>	

(if unknown type unknown)

Supervisor/Instructor/University Contact ⓘ
<input type="text"/>
Supervisor Contact (Phone/Email) ⓘ
<input type="text"/>



CREATE

Select **+Create New to add more persons involved in the incident. Add as many persons involved as necessary.**

Describe the Near Miss Incident in full detail

Description 

Location  If you do not have or know the room number, please describe your location below.

Select one... Location Details

Room Number Location Details

Next complete the **Preventative Measures** section.

Preventative Measures

Do you have any suggestions for prevention of similar accidents/incidents

 Yes Suggested Corrective Action

If applicable, attach any supporting documents, photos or information by selecting **+CREATE NEW** in the **Supporting Documentation** section.

Supporting Documentation

Please attach any documents, photos or supporting information for this record.

Attachments

Name	Attachment Type	Created By
<i>No data to display</i>		
 + CREATE NEW		

Complete the **Create a New Attachment** then select **CREATE**

Create a New Attachment

Attachment Name

Attachment Type



CANCEL

The final step is the select **CREATE** at the bottom of the report.



4. REPORTING A INCIDENT/INJURY

Enter the **Report Type** by selecting **Incident Report** from the drop-down menu

Report Type ⓘ

Incident Report

Hazard Report

Incident Report

Select the appropriate **Incident Sub-type**

A work injury or illness is classified as **“no loss time”** if health care is required arising from the work injury or illness, but there is no absence from work other than the day of injury. No loss in pay is suffered as a result of the injury.

A **time loss injury or illness** is something that results in a fatality, permanent disability or time lost from work. It could be as little as one day (past the day of injury/illness) or a shift.

A **Near Miss** is an event which injury or property damage did not occur, but which could have caused an injury or loss under slightly different circumstances.

Damage/Loss to Property means all losses, costs or damages arising in connection with any personal injury, death, damage to property or economic loss.

Incident SubType



Select one... ▾

- Injury/Illness - No Time Loss
- Injury/Illness - Time Loss
- Near Miss
- Damage/Loss to Property

Select the **activity type** at the time of incident occurrence:

Choose activity type at time of occurrence



Select one... ▾

- Work/Research Related
- Course Related
- Extra Curricular
- Volunteer Activity
- Practicum/Internship/Coop
- Other

Complete the **Injury/Illness** section

Did you need First Aid / Medical Aid?



- Medical Aid (Doctor)
- Medical Aid (Ambulance)
- First Aid (Self)
- First Aid (Other)
- None

Mechanism of Injury, Damage or Loss



- Puncture Wound
- Overexertion / Overuse
- Radiation Exposure (e.g. UV, X-Ray, Laser)
- Radioactive Material Exposure
- Slip, Trip (Fall)
- Slip, Trip (No Fall)
- Struck by Object

Complete the **Demographics** section by selecting **+Create New**

Demographics

Click "Create New" to add reporting person name and contact information. Click "Create New" to add additional involved persons, including witnesses.

Person Involvements ⓘ

First Name	Last Name	Person Type	Supervisor/Instructor/University Contact	Supervisor Contact (Phone/Email)
------------	-----------	-------------	--	----------------------------------

No data to display

 [+ CREATE NEW](#)

Complete the **Create a New Person Involvement** screen then select **CREATE**

Create a New Person Involvement

Form fields for creating a new person involvement:

- First Name [!]
- Last Name [!]
- Person Involvement Type
- Person Type [!]
- Phone Number [!]
- Email Address
- Street Address
- City
- Province
- Postal Code
- (if unknown type unknown)
- Supervisor/Instructor/University Contact [!]
- Supervisor Contact (Phone/Email) [!]



Select +Create New to add more persons involved in the incident. Add as many persons involved as necessary.

Describe the Incident in full detail

Description [?]

Location [?] If you do not have or know the room number, please describe your location below.

Select one... ▼

Room Number

Location Details

Complete the Injury/Illness Details by selecting **+CREATE NEW**

Injury / Illness Details

Injury/Illness

Type of Injury/Illness	Affected Body Part	Side of Body Injured
<i>No data to display</i>		
+ CREATE NEW		

Complete the **Create a New Injury Screen** by entering information in the dropdown/text boxes. Click **“Create”** when finished.

Create a New Injury

Affected Body Part

Select one...▼

Type of Injury/Illness

Select one...▼

Side of Body Injured

Select one...▼

Description

CREATE

CANCEL

Multiple injuries can be submitted by clicking [+CREATE NEW](#) for each injury.

Next, complete the [First Aid Details](#) entering information in the dropdown/text boxes.

First Aid Details

Name of First Aider	Describe First Aid Provided
<input type="text"/>	<input type="text"/>
First Aider Qualifications	
<input type="text" value="Select one..."/>	

Now complete the [WCB Reporting](#) section by reading the requirement criteria and selecting “Yes” or “No”.

WCB Reporting

WCB Reporting: - any work related injury or illness that results in the following must be reported to WCB within 72 hours:

- lost time – or probable lost time - beyond the day of incident
- the need for medical treatment beyond first aid (i.e. assessment by physician, physiotherapist, chiropractor)
- a temporary or permanent change in your ability to perform the regular duties of your job
- incurring medical aid expenses (i.e. dental treatment, eyeglass repair/replacement, prescription medications)

Does your injury/illness meet the criteria for WCB reporting?



Yes

No

If “Yes” is selected the two fields below will pop up and will need to be completed. Enter the date and time for the start and end of the injured person's work shift.

If you have answered 'yes', please contact the U of L Wellness Coordinator (403-332-5217) as soon as possible, for assistance in filing a WCB report.



Shift Start Date/Time

Shift End Date/Time

Next complete the **Preventative Measures section. Use text box to suggest preventative measures.**

Preventative Measures

Do you have any suggestions for prevention of similar accidents/incidents

Suggested Corrective Action



If applicable, attach any supporting documents, photos or information by selecting **+CREATE NEW in the **Supporting Documentation** section.**

Supporting Documentation

Please attach any documents, photos or supporting information for this record.

Attachments

Name	Attachment Type	Created By
<i>No data to display</i>		
+ CREATE NEW		



Complete the **Create a New Attachment then select **CREATE****

Create a New Attachment

Attachment Name

Attachment Type



The final step in submitting a Safety Report is to click **CREATE** at the bottom of the report.



5. REPORTING AN INCIDENT - DAMAGE/LOSS TO PROPERTY

Enter the Report Type by selecting **Incident Report** from the drop-down menu

Report Type ⓘ

Select the appropriate **Incident Sub-type**

A work injury or illness is classified as “no loss time” if health care is required arising from the work injury or illness, but there is no absence from work other than the day of injury. No loss in pay is suffered as a result of the injury.

A **time loss injury or illness** is something that results in a fatality, permanent disability or time lost from work. It could be as little as one day (past the day of injury/illness) or a shift.

A **Near Miss** is an event which injury or property damage did not occur, but which could have caused an injury or loss under slightly different circumstances.

Damage/Loss to Property means all losses, costs or damages arising in connection with any personal injury, death, damage to property or economic loss.

Incident SubType

Select one... ▾

- Injury/Illness - No Time Loss
- Injury/Illness - Time Loss
- Near Miss
- Damage/Loss to Property



Select the **activity type** at the time of incident occurrence:

Choose activity type at time of occurrence

Select one... ▾

- Work/Research Related
- Course Related
- Extra Curricular
- Volunteer Activity
- Practicum/Internship/Coop
- Other



Complete the **Damage/Loss** section by identifying the **Damage/Loss Type** and **Mechanism of Injury, Damage or Loss**

Damage / Loss

Damage / Loss Type

Select one...

- Data
- Equipment
- Facility Damage
- Personal Property
- Vehicle

Mechanism of Injury, Damage or Loss

Select one...

- Collision with Object
- Collision with Person
- Contact with Electricity
- Contact with Objects -In, On, Under
- Equipment Failure/Malfunction
- Explosion
- Exposure to environmental conditions (water, heat, cold)

Complete the **Demographics** section by selecting **+Create New**

Demographics

Click "Create New" to add reporting person name and contact information. Click "Create New" to add additional involved persons, including witnesses.

Person Involvements ⓘ

First Name	Last Name	Person Type	Supervisor/Instructor/University Contact	Supervisor Contact (Phone/Email)
------------	-----------	-------------	--	----------------------------------

No data to display

+ CREATE NEW

Complete the **Create a New Person Involvement** screen, then select **CREATE**

Create a New Person Involvement

First Name [?]	Phone Number [?]	
<input type="text"/>	Please format (xxx) xxx-xxxx <input type="text"/>	
Last Name [?]	Email Address	
<input type="text"/>	<input type="text"/>	
Person Involvement Type	Street Address	
<input type="text" value="Select one..."/>	<input type="text"/>	
Person Type [?]	City	Province
<input type="text" value="Select one..."/>	<input type="text"/>	<input type="text"/>
	Postal Code	
	<input type="text"/>	

(if unknown type unknown)

Supervisor/Instructor/University Contact [?]
<input type="text"/>
Supervisor Contact (Phone/Email) [?]
<input type="text"/>



Select +Create New to add more persons involved in the incident. Add as many persons involved as necessary.

Describe the Damage/Loss Incident in full detail

Description [?]	
<input type="text"/>	
Location [?]	<i>If you do not have or know the room number, please describe your location below.</i>
<input type="text" value="Select one..."/>	Location Details
Room Number	<input type="text"/>
<input type="text"/>	

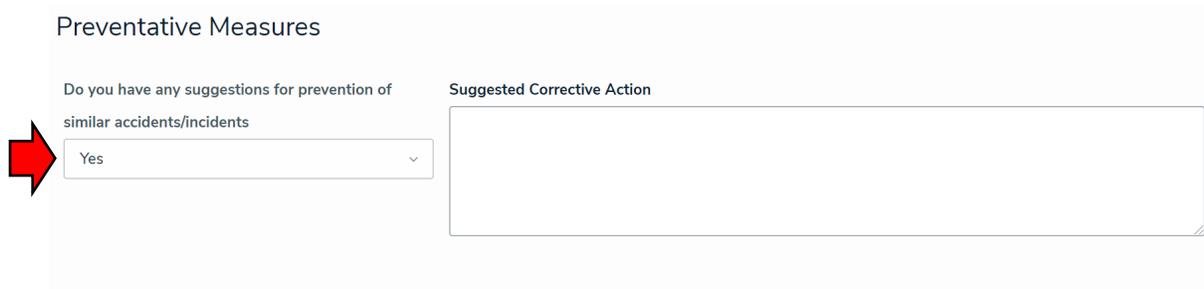
Next complete the **Preventative Measures** section.

Preventative Measures

Do you have any suggestions for prevention of similar accidents/incidents

Yes

Suggested Corrective Action



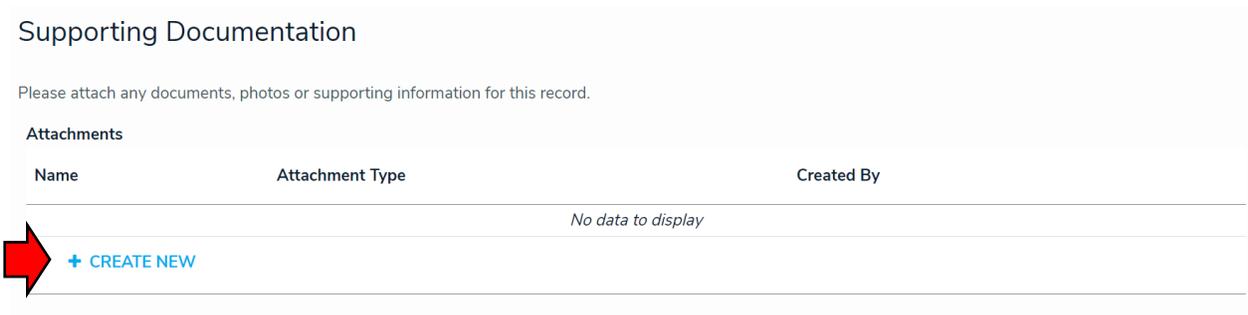
If applicable, attach any supporting documents, photos or information by selecting **+CREATE NEW** in the **Supporting Documentation** section.

Supporting Documentation

Please attach any documents, photos or supporting information for this record.

Attachments

Name	Attachment Type	Created By
<i>No data to display</i>		
+ CREATE NEW		



Complete the **Create a New Attachment** then select **CREATE**

Create a New Attachment

Attachment Name

Attachment Type

Select one...



CANCEL

The final step is the select **CREATE** at the bottom of the report.



6. PRINTING A SAFETY REPORT

Once you have successfully created a Safety Report you will see the following acknowledgement. Click on print report.

Successful Submission



Thank you for your submission. Your record name/number is below. Please reference this in any future communication with the Safety team. Thank you.

Please print a copy of this report by clicking the button to the right and then right clicking and choosing a print option.

[PRINT REPORT](#) 

Safety Record Name (99) - Incident Report 2020-01-16	Report Type Incident Report	Incident SubType Choose activity type at time of occurrence
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The following screen will be displayed. Go to the top right hand corner and click on the pdf icon. Save the pdf file or print a paper copy for your records.



Safety Record Report

SR-1 Incident Report 2020-01-14

Last Updated: Jan 17, 2020 8:35 AM 

Incident Start DateTime 2020-01-14 11:50	Report Type Incident Report
Incident SubType Injury/Illness - No Time Loss	Choose activity type at occurrence time Work/Research Related
Was there Damage/Loss to Property? No	

Injury/Illness

Did you need First Aid / Medical Aid? First Aid (Self)	Mechanism of Injury, Damage or Loss Slip, Trip (Fall)
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