



### WHO?

Victim's Name FIRST \_\_\_\_\_ LAST \_\_\_\_\_  
Department \_\_\_\_\_ Sex: Male Female  
Status Student Staff McGill ID: \_\_\_\_\_ Visitor Other (specify): \_\_\_\_\_  
Address and Postal Code \_\_\_\_\_  
Home Phone or \_\_\_\_\_ Office Phone \_\_\_\_\_

### WHEN?

Time of accident \_\_\_\_\_ Date DD MM YYYY

### WHERE?

Building \_\_\_\_\_ Room Number \_\_\_\_\_  
Location (Lab, office, stairs, etc.) \_\_\_\_\_

### WHAT HAPPENED?

Please provide details of the incident. Attach additional information if needed

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### WHAT INJURIES (If none, omit this section)

Description of injury (if any) and part(s) of body affected

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### WHAT TO DO?

Describe immediate environment that may have contributed to the incident (if any) e.g. Broken glass.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### FORM REQUIREMENTS

Agent's Name (Please Print) \_\_\_\_\_ Date DD MM YYYY

Victim's Signature (if possible) \_\_\_\_\_

#### FOR OFFICE USE ONLY

Date Received DD MM YYYY	Risk Management _____
Reviewed by Manager _____	Building Director _____
	Department Head _____
	Safety Committee _____
	Dean of Students _____
	Other _____