**TRENT UNIVERSITY UNDERGRADUATE STUDENT LAB INJURY INCIDENT REPORT**



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| **Section 1: Injured Party Information** |
| **Last Name:** | **First Name:** | **Occupation:** |
| **Home / mobile number:** | **Status of the individual at the time of incident:**Student [ ]  |
| **Student ID#:** | **Department / Unit:** | **Course #:**  |
| **Section 2: Description of Incident** |
| **Date of Incident:** | **Time of Incident:** | **Date Reported:** |
| **Location of Incident (Building, room number, type of space):** |
| **Type of Incident:**Minor Injury: No Treatment [ ]  First Aid [ ]  Medical aid [ ]   Major Injury : [ ]  Other:  |
| **Description of incident, including events leading up to the incident and actions taken following incident. Include first aid procedures if applied.** |
| **Name of Witnesses (if any)** |
| **Name of person who completed this form:** |
| **Email address of person who completed this form:** |
| **Date Form Completed:** |