STUDENT INJURY REPORT

Safety, Security and Emergency Management
3700 Willingdon Avenue, Burnaby, BC, Canada V5G 3H2
T 604-432-8872

Instructions: 1) Save this PDF to your desktop, 2) Open with Adobe Reader or Adobe Acrobat, 3) Complete all required fields, 4) Save, 5) Close PDF then re-open to ensure the content you filled in has saved, 6) Submit to BCIT at **BCIT_firstaid@bcit.ca.**

** If you need assistance completing this form, please contact the Burnaby First Aid office in NE16 (west side of building) or by calling 604-432-8872

CONTACT INFORMATION

Last Name	First Name	Middle Initial	Staff or Student Number **A0**	
Address		City	Province	Postal Code
Home/Mobile Number	School/Program/Department			

INCIDENT INFORMATION

Incident Date (yyyy-mm-dd) Time AM PM	Date Reported (yyyy-mm-dd) Time AM PM
Person Reported To:	Name of Supervisor/BCIT Instructor:
Describe the Incident location (Address) (e.g. Hospital, shop, lunchroom, parking lot):	
Describe how the Incident happened:	
Describe the Injury (what part of the body)	

Contributing factors — select AT LEAST ONE, and as many as applicable

Push/Pull/Lift object Struck by/Against Object Repetitive Motion Tool Use Sharp Object Motor vehicle accident

Slip/Trip/Fall Bodily Fluid Exposure Harmful substance Other: .

Was protective equipment used? Yes No	If yes, specify which equipment was used:	Witnesses? Please name:
Did you receive First Aid Yes No	Date of First Aid (yyyy-mm-dd)	Name of First Aid Attendant
Did you go to the hospital, clinic, Or see a Physician? Yes No	Date of First Aid (yyyy-mm-dd)	Name of Physician or Provider
Did you go to the hospital, clinic, Or see a Physician? Yes No	Explain	

Last Name	First Name	Middle Initial	Staff or Student Number **A0**

ADDITIONAL INFORMATION