Slip, Trip, and Fall Incident Report

For Environment, Health & Safety Use Only

Acc. Ref. # _____

Classification

- ☐ Cm Hlth Care
- ☐ Incident
- ☐ First Aid
- ☐ Br Hlth Ser
- ☐ Lost Time
- ☐ No Treatment
- ☐ Br Athl Clin
- ☐ Health Care

Fill out in addition to an Injury/Incident Report

Date of Slip, Trip, and Fall (D/M/YY) / /	**Time of Injury/Incident (HH:MM)** ☐ am ☐ pm	☐ Brock Employee ☐ Brock Student ☐ University Visitor ☐ Other:

Last Name	**First Name**	**Gender** ☐ Male ☐ Female	**Phone Number**

Address

City **Postal Code**

Age: ☐ 0-10 ☐ 11-20 ☐ 21-39 ☐ 40-59 ☐ 60+

Location of Slip, Trip, and Fall:
- ☐ Outdoors
- ☐ Indoors

Where did the slip, trip and fall occur? *(include all specific information including parking lot number, building, floor number, or all that applies. Attach photo of footwear and incident area if possible and mark the attached map with location information)*

Included:
- ☐ Photos
- ☐ Map

Incident was related to (check all that apply):
- ☐ Uneven surface
- ☐ Indoor or outdoor tripping hazard (clutter on floor, cords not taped down, etc.)
- ☐ Behaviour (rushing, inhibited vision, etc.)
- ☐ Mis-step
- ☐ Fall from height
- ☐ Footwear
  Specify: _____
- ☐ Other
  Specify: _____

Is there a departmental policy/procedure that could have prevented the slip, trip, or fall?

- ☐ Yes
- ☐ No

If yes please list and provide policy/ procedure location:

Precisely outline the sequence of events and conditions that lead up to the slip, trip, or fall. If an object was being carried during the incident, detail the size, weight, and type of material.

Environment Canada's Weather Report during incident (www.weatheroffice.gc.ca)

Personal Weather Observations during incident

Witness Statement (if applicable)
Name: _____ Department: _____ Ext. or Phone Number: _____
Statement:

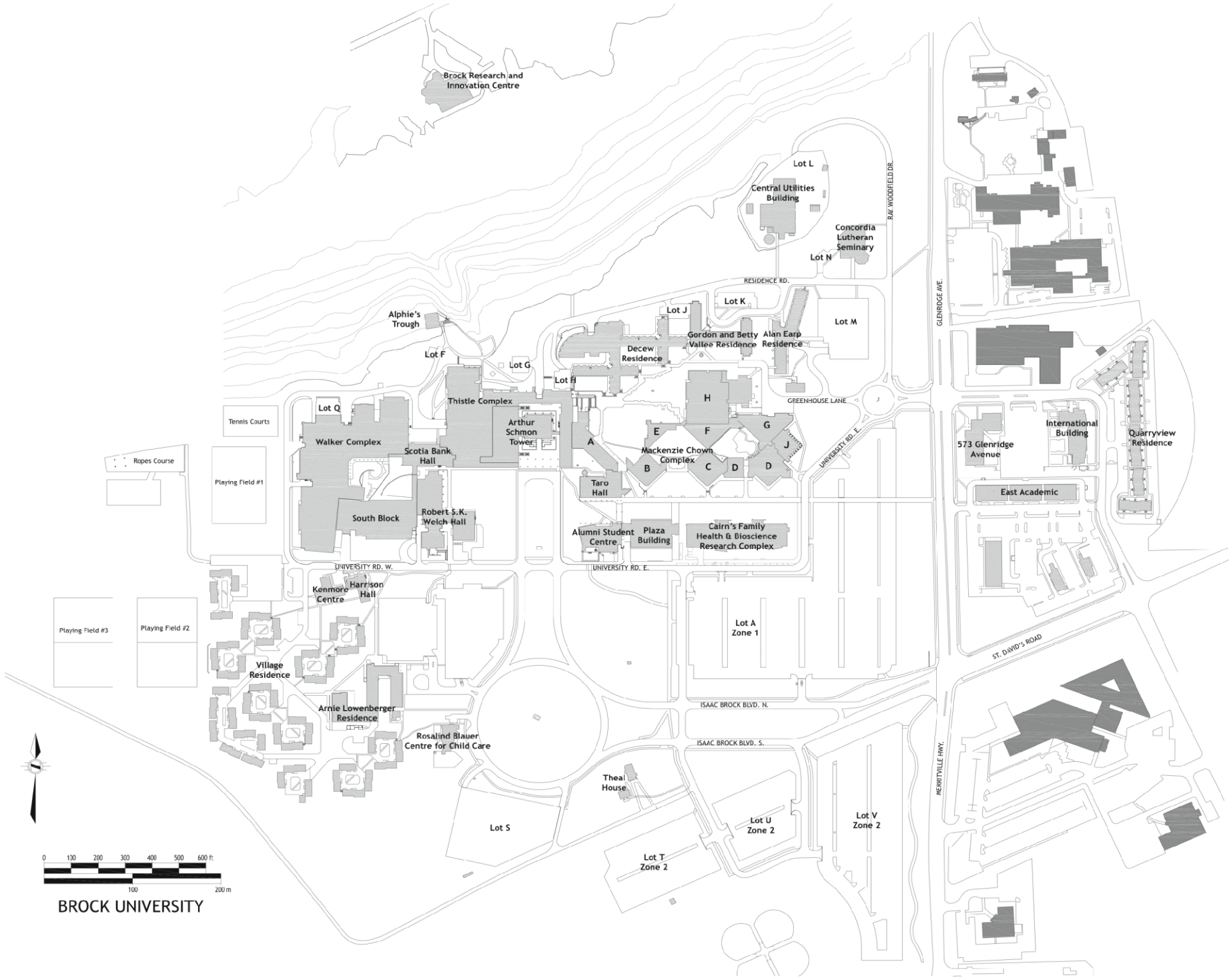
Name of person who completed this form | Department/Extension | Date

I hereby confirm all information provided above is correct to my knowledge

Signature | Date

Distribute copies within one business day.
This form must be completed and returned to HR-EHS along with the Injury/Incident Report **within 2 business days.**

White copy: *Human Resources and Environment, Health & Safety*
Yellow copy: *Person/Department of Origin*
Pink copy: *Supervisor*


Brock Research and Innovation Centre
Lot L
Central Utilities Building
RAE WOODFIELD DR.
Concordia Lutheran Seminary
Lot N
RESIDENCE RD.
GLENRIDGE AVE.
Lot K
Lot J
Lot M
Alphie's Trough
Gordon and Betty Vallee Residence
Alan Earp Residence
Decew Residence
Lot F
Lot G
Lot H
Thistle Complex
GREENHOUSE LANE
Lot Q
Tennis Courts
Arthur Schmon Tower
H
E
F
G
J
A
Walker Complex
Scotia Bank Hall
Mackenzie Chown Complex
B
C
D
D
UNIVERSITY RD. E.
International Building
573 Glenridge Avenue
Quarryview Residence
Ropes Course
Playing Field #1
Taro Hall
East Academic
South Block
Robert S.K. Welch Hall
Alumni Student Centre
Plaza Building
Cairn's Family Health & Bioscience Research Complex
UNIVERSITY RD. W.
UNIVERSITY RD. E.
Kenmore Centre
Harrison Hall
Playing Field #3
Playing Field #2
Lot A Zone 1
ST. DAVID'S ROAD
Village Residence
ISAAC BROCK BLVD. N.
Arnie Lowenberger Residence
ISAAC BROCK BLVD. S.
Rosalind Blauer Centre for Child Care
MERRITTVILLE HWY.
Theal House
Lot S
Lot U Zone 2
Lot V Zone 2
Lot T Zone 2
0 100 200 300 400 500 600 ft
100 200 m
BROCK UNIVERSITY