
Vancouver Island Emergency Response Academy

Injury Report

Name of Injured:	
Department or Employer:	
Name of attending FMR(s):	
Date of Incident:	Time Incident Reported:
Date Injury Reported:	Time Injury Reported:
Location of Incident:	
Description of Injuries:	
Did the injured receive first aid treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe treatment:	
Was BCAS requested?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, was he/she transported?: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which Hospital or Clinic?: _____ If no, was it recommended that the individual see a Doctor? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If yes, were family, friends, or employer notified?: Yes No

If yes, provide names and contact information:

Did the injured return to the course or evaluation?: Yes No

If yes, provide details:

Did the injured leave the course or evaluation session?: Yes No

If yes, do you know where the individual went and how he/she got there?:

If No, provide details:

Signature

Date Submitted

All injury reports are to be submitted to the VIERA Accreditation Manager at:

Mail: Vancouver Island Emergency Response Academy, Accreditation Manager,
580 Fitzwilliam Street, Nanaimo, BC V9R 6E2

Email: viera@nanaimo.ca