



Accident/Incident Report Form

Conducting An Accident Investigation:			
<p>The primary purpose of investigating an accident or injury is to determine the basic or underlying causes and prevent recurrence in the future. Investigations should be started as soon as possible after the accident. The fully completed form shall be faced to Head Office on the same day as the occurrence. This information is required to complete the Form 7 and must be received by the WSIB within three days of the accident as required by the Workplace Safety & Insurance Act. This form must be completed in full for every medical, first aid and/or damages. The Incident/Accident Report is for internal use only. Please print.</p>			
Constructor Information			
Constructor:		Project:	
Address:		Address:	
Telephone:		Telephone:	
Employer Information (If Required)			
Name:		Contact:	
Address:		Cell:	
Telephone:		Fax:	
Time, Date & Location of Accident/Incident			
Accident Time:		Accident Date:	
Time Reported:		Date Reported:	
Location: (Work Area/Floor)			
Employee Information			
Name:		Trade:	
Address:		Experience:	Years
Telephone:		Date Hired:	
Pay Rate:		SIN #:	
Witness(s) Information			
Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	
Company:		Company:	



Accident/Incident Report Form

Equipment/Machine/Tool Involved			
Make:		Make:	
Model:		Model:	
S/N:		S/N:	
Owner:		Owner:	
Equipment/Machine/Tool Involved			
Make:		Make:	
Model:		Model:	
S/N:		S/N:	
Owner:		Owner:	
Medical Information			
Hospital:			
Address:			
Telephone:			
Injury(s):			
Medical Attention:			
Circumstance			
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Completed By:		Date:	
		Time:	