## **Employee Incident Report** (Employee)



To be completed when health care has been sought and/or you missed work, earned less than regular pay for regular work, require modified work at less than regular pay, require modified work at regular pay for more than seven calendar days following the date of incident.

completed form to Manager/Supervisor. Retain			
Name of employee involved in incident	Sex	Phone#	Date of birth (yyyy/mm/dd)
Address: (Street, R.R.#, apt.)	City/Town	Province	Postal Code
Occupation at time of injury  Yrs. Experience	e in occupation	Date of Hire(yyyy/mm/dd)	Social Insurance Number
Date of incident Time of Incident	Date Reported	to Manager/Supervisor	Fime Reported to Manager/Supervisor
		to managen/Oupervisor	Reported to Manager/Oupervisor
(vvvv/mm/dd) Incident Details:	(yyyy/mm/dd)		
<ol> <li>State exactly the sequence of events leading up to the incident; where incident occurred; what employee was doing (include size, weight, type of equipment or materials involved etc.). Please add additional page if more room is needed. Be sure to date and sign the attachment.</li> </ol>			
2. Describe injury, part of body involved and specif	y left or right side	e: 	
3. Did you seek health care? Yes□ No□			
4. If yes, give health care provider's name, address, and phone number or name of hospital:			
Names and addresses of witnesses or persons having knowledge of the incident:			
6. If you have missed time from work, give specific times and dates. (includes appointment)			
<ul> <li>7. What conditions contributed to the incident?</li> <li>Slippery surfaces/stairs</li> <li>Inadequate illumination</li> </ul>		☐ Hazardous personal attir☐ Unsafe position or postu	
<ul><li>Unsafe equipment</li><li>Failure to use personal protective devices</li></ul>		<ul><li>Client action</li><li>Exposure to potentially in</li></ul>	
<ul><li>Hazardous driving conditions</li><li>Unsafe loading, placing, mixing</li></ul>		<ul><li>Unsafe design or arrange</li><li>Outside hazardous cond</li></ul>	ement
Wheeled equipment operation		Other (explain)	iuon
Explanation of conditions:			
Details of Property Damage:			
Name of Person Reporting Incident			
Print	Signature		Date
Original to: Manager/Supervisor Copy to: Human Resource Advisor			
Employee			