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| **INCIDENT REPORT** | | | | |
| Name of worker: | | | Date of incident: | |
| Position: | | | Time of incident: | |
| Phone: | | | Date reported: | |
| **Witnesses?**  YES  NO | | | | |
| If YES, list names below and attach witness statements: | | | | |
| **Type of incident:** | | | | |
| * Near miss | * Property/Equipment damage | * First-aid injury | | * Medical-aid injury |
| * Dangerous occurrence Regulations 2-3 & 3-20 | * Serious accident Regulations 2-2 & 3-18 | * Fatality Regulation 2-2, 3-18 & 3-19 | | * Work refusal SEA 3-31 |
| **Was there an injury?**  YES  NO | | | | |
| **If YES**, describe injury below and submit WCB forms if required: | | | | |
| **Description of incident** (including events leading up to incident): | | | | |
| **Immediate action taken:** | | | | |
| **Suggestions to correct hazard or prevent recurrence:** | | | | |

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| Location of incident: | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Draw out the incident scene.** Include the locations of all witnesses, equipment, machinery, buildings, etc., in relation to the incident site. Attach photographs if applicable. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Please describe the details of your drawing.** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Signature: | | | | | | | | | | | | | | | | Date: | | | | | | | | | | | |
| Supervisor name/signature: | | | | | | | | | | | | | | | | Date: | | | | | | | | | | | |

**All serious accidents (regulation 2-2) and dangerous occurrences (regulation 2-3) must be reported to LRWS.**

**All injuries requiring Medical Aid administered by a Physician or Registered Health Care Professional must be reported to WCB.**