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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 occurrenceRegulations 2-3 & 3-20
 | * Serious accidentRegulations 2-2 & 3-18
 | * FatalityRegulation 2-2, 3-18 & 3-19
 | * Work refusalSEA 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.**