

Accident Investigation Report

Injured Worker's Last Name		First Name		Occupation			
Location where injury/accident occurred				First Aid Provider			
Hospital or Clinic Attended for Medical Aid				Treating Physician's Name			
Nature of Injury				Project Location of Accident/Injury			
Person who transported employee							
Will this be a lost time injury?		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Is the injury work-related?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
Were any subcontractors involved?		No <input type="checkbox"/>	Yes <input type="checkbox"/>	Was the MOL called ¹ ?		No <input type="checkbox"/>	Yes <input type="checkbox"/>
Injury Details							
Date and Hour of Injury				Date and Hour Reported to Employer			
Day	Month	Year	Time	Day	Month	Year	Time
			a.m. p.m.				a.m. p.m.
Date and Hour Last Worked				Normal Working Hours			
Day	Month	Year	Time	from		to	
			a.m. p.m.		a.m. p.m.		a.m. p.m.
Who was the injury reported to?							
What caused the injury? Describe the injury, the body part involved and specify left or right side (use back of sheet if necessary).							

Describe the worker's activities at the time of the injury. Include details of: people, equipment, materials, environment or process involved (use back of sheet if necessary).

Did anyone else witness the accident or know more about the injury?

What recommendations would you make to management to ensure a like event does not occur in future?

Photo/drawing attached	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Copy to Executive Director?	No <input type="checkbox"/>	Yes <input type="checkbox"/>
Copy to JHSC?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Copy to Employee File?	No <input type="checkbox"/>	Yes <input type="checkbox"/>

Reasons to call the MOL: fatality, critical injuries (defined as an injury of a serious nature that: places life in jeopardy, produces unconsciousness, results in substantial loss of blood, involves the fracture of a leg or arm, involves the amputation of a leg, arm, hand or foot, consists of burns to a major portion of the body, causes the loss of sight in an eye), fire, explosion or hazardous material release.