



Health and Safety
Santé et sécurité



ACCIDENT OR INCIDENT INVESTIGATION REPORT

Name of injured person:

Employer:

Component:

Work location:

Address:

Hours of work/Shift:

Classification of injured member:

Injured member's address:

Telephone no.:

Injured member's supervisor:

Accident/incident reported to:

Date reported:

Date and time of accident/incident:



Public Service Alliance of Canada
Alliance de la Fonction publique du Canada

Site (physical location) of accident/incident:

Weather conditions (if applicable):

Description of the accident/incident:

Description of injury:

Direct cause of injury:

Accident/incident causes (list all possible causes):

Accident/incident type:

Recommendations:

Equipment involved in accident/incident:

Name(s) of witness(es):	Telephone no.
Was first aid given?	If yes, name of person administering first aid:

Name of union representative investigating:

Name of management representative investigating:

Union representative's signature:

Date of report:

Note: Complete both sides of this form. If additional space is required, you may attach additional numbered pages. Please attach all photos and videos.