



International Brotherhood of Boilermakers Local Lodge 146

SAFETY INCIDENT REPORT

Phone: (780) 451-5992

Fax: (780) 451-3927

PERSONAL INFORMATION

FIRST NAME	LAST NAME	SOCIAL INSURANCE NO. (SIN)
CONTRACTOR	SITE	START DATE (mm/dd/yy)
SUPERVISOR/FOREMAN NAME(S)		

PLEASE PROVIDE AS MUCH INFORMATION AS POSSIBLE ABOUT ANY INCIDENTS AND/OR ACCIDENTS YOU HAVE PERSONALLY OBSERVED OR BEEN INVOLVED IN THAT CAUSED DANGER TO WORKERS AND/OR YOURSELF.

EVACUATION

EVACUATION DATE (mm/dd/yy)

REASON(S) FOR EVACUATION:

SICKNESS

DATES OF SICKNESS (mm/dd/yy)

SYMPTOMS EXPERIENCED:

RECEIVED MEDICAL TREATMENT

APPOINTMENT DATE (mm/dd/yy)

REASON(S):

LOST TIME/WAGES

FROM: _____ TO: _____
(mm/dd/yy) (mm/dd/yy)

REASON(S):

PERSONAL INCIDENT/ACCIDENT

DATE OCCURRED (mm/dd/yy)

REPORTED TO SUPERVISOR/FOREMAN YES NO

DATE REPORTED (mm/dd/yy)

CONTINUED ON BACK

