ACCIDENT INVESTIGATION REPORT (R-2)

ASSURANCE CONSTRUCTION & SERVICES

A FIRST AIDER MUST FILL OUT A FIRST AID REPORT IF INJURIES (R-25). **INVESTIGATIONS MUST BEGIN WITHIN 24 HOURS.**

WHO IS WRITING THIS REPORT	PRINT		
DATE		SIGN	
ARE THERE PHOTOS OR OTHER REPORTS ? PLEASE ANSWER YES OR NO.			

DATE & TIME OF INCIDENT		DATE & TIME REPORTED	
DIVISION	**PROV.**	**WORKSITE**	
	ALBERTA		

INCIDENT RESULT

ENVIRONMENTAL IMPACT			INJURY FIRST AID ONLY			PERMANENT DISABILITY		
EQUIPMENT LOSS/DAMAGE			INJURY MED. AID REQ.			VEHICLE DAMAGE		
FACILITY LOSS/DAMAGE			NO INJURY, FIRST AID CHECK UP			OTHER:		
FATALITY			OCCUPATIONAL ILLNESS			OTHER:		

1-866-415-8690

*NOTE: the OH&S Act requires that they are contacted immediately if (1) there is a FATALITY; (2) a worker will be HOSPITALIZED more then two days; (3) there is an explosion, fire or flood; (4) there is a collapse or partial collapse of the building; or (5) there is a collapse of a crane, derrick or hoist.

REPORTED TO…(NAME-POSITION-CONTACT PHONE)		
SUPERVISOR (Name & Contact phone)		
WITNESS (Name & Contact Phone)		
WITNESS (Name & Contact Phone)		

ATTENDING POLICE OFFICER (IF REQUIRED)	REPORT NUMBER

INCIDENT TYPE

CAUGHT BETWEEN			CONTACT WITH EXTREME PRESSURE			STRUCK BY FLYING OBJECT		
CAUGHT IN			CONTACT WITH HEAVY OBJECT			STRUCK BY MOVING OBJECT		
CAUGHT ON			FALL			CONTACT WITH SHARP OBJECT		
CONTACT WITH CHEMICAL			OVEREXERTION			STRUCK STATIONARY OBJECT		
CONTACT WITH EXTREME COLD			STRUCK BY FALLING OBJECT			TRIP/SLIP		
CONTACT WITH EXTREME HEAT			OTHER:			OTHER:		
COLLAPSE			EXPLOSION			VEHICULAR		
COLLISION			FIRE			WEATHER		
CRIMINAL			MACHINERY MALFUNCTION			CHEMICAL SPILL OR DISCHARGE		

DETAILS OF INCIDENT…WHAT HAPPENED

AFFECTED WORKER (WITH PHONE NUMBERS)		