

**Part I- ACCIDENT/INCIDENT - PERSONAL INJURY REPORT**

- PUBLIC WORKS DEPARTMENT
- FACILITIES DEPARTMENT
- PARKS DEPARTMENT
- OTHER specify \_\_\_\_\_

**If private or company property was damaged please see form #2**

1. Location: \_\_\_\_\_
2. Date/Time Of Accident/Incident: \_\_\_\_\_ Date/Time Reported: \_\_\_\_\_
3. Name: \_\_\_\_\_ Payroll No.: \_\_\_\_\_
4. Who was it Reported to: \_\_\_\_\_ Position: \_\_\_\_\_
5. Immediate Supervisor: \_\_\_\_\_ Section/Position: \_\_\_\_\_
6. Body Parts Injured (state LT, RT or both if applicable): \_\_\_\_\_
7. Nature of Injury (ie cut, burn, shock etc): \_\_\_\_\_
8. Medical Aid Rendered (If yes, attach referral/fitness assessment form):  Yes  No
9. Was this a lost time incident?  Yes  No
10. WCB form filed with supervisor?  Yes  No
11. Treatment Given (prescription drugs, stitches etc): \_\_\_\_\_
12. In your own words, how did the incident/near miss occur (and events leading up to it):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. Name of Involved and/or Witnesses: \_\_\_\_\_
14. What was your involvement: \_\_\_\_\_
15. Amount of Experience in Doing This Type of Work: \_\_\_\_\_  
Unusual Conditions (if any): \_\_\_\_\_

In your opinion, how could the accident/incident have been prevented:  
\_\_\_\_\_  
\_\_\_\_\_

Employee Signature \_\_\_\_\_