

OCCUPATIONAL HEALTH & SAFETY OFFICE
ALGOMA DISTRICT SCHOOL BOARD

644 ALBERT STREET EAST SAULT STE. MARIE, ON P6A 2K7 (705) 945-7320 FAX (705) 945-7301

WORKER'S STATEMENT

NAME: _____

WORKPLACE: _____

ACCIDENT LOCATION: _____

DATE OF ACCIDENT: _____ TIME OF ACCIDENT: _____

WHAT PART(S) OF BODY WERE INJURED?

SIDE:	RIGHT	<input type="checkbox"/>	LEFT	<input type="checkbox"/>	BACK:	UPPER	<input type="checkbox"/>	MIDDLE	<input type="checkbox"/>	LOWER	<input type="checkbox"/>
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BRIEFLY DESCRIBE WHAT HAPPENED: _____

DO YOU HAVE ANY SUGGESTIONS ON HOW THE ACCIDENT COULD HAVE BEEN AVOIDED ?

WERE THERE ANY WITNESSES ? No Yes

IF YES, WHO ? _____

I have written the above statement or have had it written for me and this is my statement.

SIGNED : _____ DATE: _____

WITNESS: _____ DATE: _____