A.D.S. Contracting
31 Bigwin Road, Hamilton, Ontario, L8W3R3
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INCIDENT/ ACCIDENT REPORT FOR INJURED WORKERS

Date: ____ / ________ / ___________

Name:	Position:
Social Insurance Number:	Date of Birth:
Address:	

Injury Details

Date of accident: ___ /___ /______ Time: ___________ Date Reported ___ / ___ / ______ Time: ___________

Date ceased work: ___ /___ /______ Time: ___________ Date Reported ___ / ___ / ______ Time: ___________

Reported to: ____

Time lost (to date): ______________________ Time lost (anticipated overall) ______________

Expected date of return to work: ___ / ____ / _________

To your knowledge, has the worker had a previous similar injury/ disability? [ ] Yes [ ] No

If Yes, Explain:

Medical Treatment Required: ______________________________________

Employee status (office use only)		
[ ] Full time	[ ] Part time	[ ] Other
Circle workers normal work days and record total weekly pay hours:		
Sun. Mon Tues. Wed. Thu. Fri. Sat.	Pay Hours:	Regular weekly earnings:

ACCIDENT INVESTIGATION REPORT FORM

Nature and Extent of Injury				
Part of body injured	☐ Head	☐ Trunk	☐ Multiple	
	☐ Eyes	☐ Arm	☐ General	
	☐ Neck	☐ Leg	☐ Unspecified	
Nature of injury	☐ Sprain	☐ Contusion	☐ Dislocation	☐ Amputation
	☐ Fracture	☐ Laceration	☐ Burn	☐ Other
	☐ Multiple	☐ Concussion	☐ Superficial	
Type of incident	☐ Flying object	☐ Manual handling	☐ Electricity	
	☐ Struck by	☐ Poisons	☐ Fall	
	☐ Caught in	☐ Temperature	☐ Other	

Describe the events leading up to the injury and how the injury occurred (witness or injured person's statement).

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ACCIDENT INVESTIGATION - SUPERVISOR'S REPORT

Witness Details			
How did it the accident happen?			
What caused the accidents	☐ Ineffective guarding	☐ Weather	☐ Safety rules not followed
	☐ Lack of maintenance	☐ Misconduct	☐ Poor housekeeping
	☐ Unsafe work methods	☐ Inexperience	☐ Language difficulties
	☐ lack of protective equipment	☐ Lack of training	☐ Workplace design (equipment, design, layout)
Explain			
How can a recurrence be prevented			

ACCIDENT INVESTIGATION - SUPERVISOR'S REPORT

Employer / Supervisor comments:

Employer Name: ____

Signature: ______________________________ **Date:** _____ / _____ / ___________

Supervisor's Name: ____

Signature: ______________________________ **Date:** _____ / _____ / ___________