

# ACCIDENT INVESTIGATION REPORT



Public Service Alliance of Canada  
Alliance de la Fonction publique du Canada

|  |                            |
|--|----------------------------|
| Name of Injured Member:                        |                            |
| Employer:                                      |                            |
| Component:                                     |                            |
| Work Location:                                 |                            |
| Address:                                       |                            |
| Hours of Work:                                 |                            |
| Classification of Injured Member:              |                            |
| Date of Accident/Incident:                     | Time of Accident/Incident: |
| Injured Member's Address:                      |                            |
| Telephone No.:                                 |                            |
| Injured Member's Supervisor:                   |                            |
| Accident/Incident Reported To:                 |                            |
| Date Accident/Incident Reported:               |                            |
| Date and Time of Accident/Incident:            |                            |
| Site (Physical Location) of Accident/Incident: |                            |
| Weather Conditions (If Applicable):            |                            |

Description of Accident/Incident Events:

Description of Injury:

Direct Cause of Injury:

Accident Causes (List all possible causes):

Accident Type:

