

ANNEX A-3: COLEMAN CONSTRUCTION ACCIDENT/INCIDENT REPORT FORM

Attach all supplemental documentation, including photos, diagrams, witness statements and field reports.

Project Information	Project Title		
	Project Number	Date	
	Address		
	City	Province	Postal Code
	Project Contact	Phone Number	
Accident/Incident information			
Employee Name:		Time:	Title:
Description of Accident / Incident:			
Location on site:			
Witnesses:			
Was First Aid Administered?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, by whom:			
Description of First Aid administered / advice given:			
Was the worker admitted to hospital?			Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, which hospital:			
Additional Information:			
Report Completed By:			
Name:		Title:	
Phone:		Form 7 completed: Yes <input type="checkbox"/> No <input type="checkbox"/>	
Signature:			