

OCCUPATIONAL HEALTH & SAFETY OFFICE
ALGOMA DISTRICT SCHOOL BOARD

644 ALBERT STREET EAST . SAULT STE. MARIE, ON . P6A 2K7
(705) 945-7111 EXT. 10320 FAX (705) 945-7224

Clear Form

WORKER'S STATEMENT

NAME: _____

WORKPLACE: _____

ACCIDENT LOCATION: _____

DATE OF ACCIDENT: _____ TIME OF ACCIDENT: _____

WHAT PART(S) OF BODY WERE INJURED? _____

SIDE: RIGHT LEFT **BACK:** UPPER MIDDLE LOWER

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: _____