

Available online at: [www.agric.gov.ab.ca/farmsafety](http://www.agric.gov.ab.ca/farmsafety) Click on ONLINE RESOURCES and then Risk Management

**INCIDENT INVESTIGATION REPORT**

<b>A Identifying Information</b>	
Exact Location of Incident:	
<input type="checkbox"/> No Lost Time <input type="checkbox"/> Modified Duties <input type="checkbox"/> Lost Time <input type="checkbox"/> Near Miss	
Incident Date:	Incident Time:
Report Date:	
<b>Injury or Illness</b>	<b>Property Damage</b>
Part of Body:	Property Damaged:
Nature of Injury or Illness:	Nature of Damage:
Object/Equipment/Substance Inflicting Harm:	
Person in Control of Activity at Time of Occurrence:	
WCB Account#:	Industry Code:
Name of First Aid Attendant:	Injury recorded in First Aid Log: Yes <input type="checkbox"/> No <input type="checkbox"/>
Type of Emergency Services Required:	
<b>B Employee Information</b>	
Name:	Telephone No.:
Address:	Date of Birth:
SIN:	Provincial Health Care#:
Witness Names (attach statement):	