CAPE BRETON UNIVERSITY | Human Resources

ACCIDENT/INCIDENT REPORT

Name: _____

Department: _____ **Occupation:** _____

Date of Accident: _____ **Time of Accident:** _____

Location of Accident: _____

Nature of accident:

Injuries:

Was medical attention required? ☐ Yes ☐ No

Did the employee return to work the next day? ☐ Yes ☐ No

Conclusions and recommendations:

Safety Officer Signature: _____ **Date:** _____

Version: 2010/01

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