SANITATION BROS INC

Industrial Hygiene. Peak Performance. | (647) 365-1503 | sanitationBros20@gmail.com

WORKPLACE INCIDENT REPORT

WSIB Supporting Document | Complete within 24 hours | Employer must file WSIB Form 7

WSIB REPORTING: Lost-time or healthcare injuries MUST be reported to WSIB within 3 days. Call 1-800-387-0750.

PART A — INJURED WORKER INFORMATION

WORKER FULL NAME	JOB TITLE	EMPLOYEE ID	PHONE NUMBER	DATE OF HIRE

Shift: Day Afternoon Night Employment: Full-Time Part-Time Casual

PART B — INCIDENT DETAILS

DATE OF INCIDENT (MM/DD/YY)	TIME OF INCIDENT	DATE REPORTED TO SUPERVISOR	TIME REPORTED

EXACT LOCATION OF INCIDENT (ADDRESS / AREA / DEPARTMENT / WORKSITE)

Type of Incident: Injury Illness/Disease Near-Miss Property Damage

BODY PART AFFECTED	NATURE OF INJURY / ILLNESS

First aid given? Yes No Medical treatment? Yes — Hospital/Clinic: No

Lost time from work? Yes No Expected return date:

Contributing Factors: Inadequate Traini Unsafe Condition Equipment Failure Human Error Lack of PPE Other

PART D — WITNESS INFORMATION

WITNESS 1 — FULL NAME	TITLE / DEPARTMENT	PHONE

WITNESS 2 — FULL NAME	TITLE / DEPARTMENT	PHONE

PART E — SIGNATURES

INJURED WORKER SIGNATURE	DATE	SUPERVISOR SIGNATURE	DATE

MANAGER / H&S REP SIGNATURE	DATE

WSIB Form 7 filed? Yes — Date: No