

H.P.F.F.A. W.S.I.B INJURY REPORT

Dear Sir:

Herewith in I give you a report of accident to the following member of the Hamilton Professional Firefighters Association.

Name:	Rank:
Employee#:	Station & Platoon:
D.O.B:	S.I.N#:
Address & Phone #:	
Date & Time of Accident:	
Location of Accident:	
Describe Injury:	
Explain exactly what occurred to cause injury:	

Was any person not in the employment of the department to blame for the accident?  
If so, provide name and address below.

Name and addresses of witnesses:

1:  
2:

Was first aid rendered? By whom?

Name:

Did this injury require hospital treatment?

Hospital name:

Attending Physician:

Was the worker's certified member of the Joint Occupational Health & Safety Committee notified?

OH&SC members' name:

Date:

Officer in charge:

Signature: \_\_\_\_\_