



# IBEW L.U. 353

## Member Incident Report Accident / Injury



### Part A

#### About Injured Worker

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Postal Code

Tel: \_\_\_\_\_

Name of Employer : \_\_\_\_\_

Job Site Where Injury Took Place: \_\_\_\_\_

### Part B

#### Date & Time of Incident

1. On what date did the injury/incident happen?

	/		/	
<i>day</i>		<i>month</i>		<i>year</i>

2. At what time did the incident happen?

	a.m.	<input type="checkbox"/>	p.m.	<input type="checkbox"/>
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### Part C

#### About the Injury

3. Cause or Mechanism of Injury:

\_\_\_\_\_  
(e.g., slipped, fell, stumbled, pushing, pulling, lifting, strained, awkward reach, ladder work, misstep, etc)

**Area of Injury (Body Part) – (please check all that apply)**

<input type="checkbox"/> Brain	<input type="checkbox"/> Ears	<input type="checkbox"/> Upper Back	Left	Right	Left	Right	Left	Right	Left	Right
<input type="checkbox"/> Head	<input type="checkbox"/> Teeth	<input type="checkbox"/> Lower Back	<input type="checkbox"/> Shoulder	<input type="checkbox"/>	<input type="checkbox"/> Wrist	<input type="checkbox"/>	<input type="checkbox"/> Hip	<input type="checkbox"/>	<input type="checkbox"/> Ankle	<input type="checkbox"/>
<input type="checkbox"/> Face	<input type="checkbox"/> Neck	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Arm	<input type="checkbox"/>	<input type="checkbox"/> Hand	<input type="checkbox"/>	<input type="checkbox"/> Thigh	<input type="checkbox"/>	<input type="checkbox"/> Foot	<input type="checkbox"/>
<input type="checkbox"/> Eyes	<input type="checkbox"/> Chest	<input type="checkbox"/> Pelvis	<input type="checkbox"/> Elbow	<input type="checkbox"/>	<input type="checkbox"/> Fingers	<input type="checkbox"/>	<input type="checkbox"/> Knee	<input type="checkbox"/>	<input type="checkbox"/> Toes	<input type="checkbox"/>
<input type="checkbox"/> Other: _____			<input type="checkbox"/> Forearm	<input type="checkbox"/>			<input type="checkbox"/> Lower Leg	<input type="checkbox"/>		

**Type/Nature of Injury – (Please check all that apply)**

<input type="checkbox"/> Abrasion	<input type="checkbox"/> Crush Injury	<input type="checkbox"/> Puncture	<input type="checkbox"/> Asthma	<input type="checkbox"/> Infectious Disease
<input type="checkbox"/> Amputation	<input type="checkbox"/> Fracture	<input type="checkbox"/> Repetitive strain Injury	<input type="checkbox"/> Dermatitis	<input type="checkbox"/> Poisoning/Toxic Effects
<input type="checkbox"/> Bite	<input type="checkbox"/> Hernia	<input type="checkbox"/> Sprain / Strain	<input type="checkbox"/> Fumes – Inhalation	<input type="checkbox"/> Psychological
<input type="checkbox"/> Burn	<input type="checkbox"/> Laceration / Cut	<input type="checkbox"/> Tendonitis	<input type="checkbox"/> Hearing Loss / Noise	
<input type="checkbox"/> Contusion / Bruise	<input type="checkbox"/> Pain – Indeterminate Origin		<input type="checkbox"/> Electrical Contact	
<input type="checkbox"/> Other: _____				

4. Did the incident/injury result in immediate discomfort? Yes  No

5. Did the injury emerge gradually? Yes  No

Approximately when did symptoms emerge?  /  /   
day month year

6. Do you believe your injury was the result of repetitive work? Yes  No

7. Did you seek medical attention? Yes  No

8. Will you be seeking medical attention? Yes  No

9. Was the incident/injury reported to the employer? Yes  No

**Part D**

**Potential Witnesses Aware of Injury**

10. Please provide names of any coworkers who are aware of your Injury/Incident?

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*Signature of Witness*

*Signature of IBEW Member (Injured Worker)*

- Please Check (✓)  Business Representative  
 Union Steward  
 Co-worker

Date Completed: \_\_\_\_\_

*The IBEW Accident/Injury Incident Report is an internal union document and DOES NOT displace a worker/members legal reporting obligation to your employer for the purposes of reporting accidents or injuries pursuant to the **Workplace Safety and Insurance Act** and/or your Employers company policies regarding the reporting of work accidents or injuries. This report is intended to document member incidents and to facilitate the flow of information between the workplace parties during the investigation of an injury claim. The goal is to ensure our members become more pro-active in reporting accidents, injuries and incidents in order to protect your legal interests in the event of a dispute regarding proof of accident or injury.*