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REPORT OF INJURY

Employee	
Name:	
Date of report:	Time reported:
Department:	Position:
Location of Accident/Incident:	
Accident/Incident was reported to:	
Injury	
Type of Injury:	
Date of Injury:	Time:
Accident/Incident	
How did accident/incident occur?	
Immediate cause(s):	
Contributing cause(s):	
Employee Signature:	Date:

Investigation	
Supervisor's Name:	
Was there an on-site investigation? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, why not?	
Witness(es) (be sure to separate witnesses):	
Members of Investigation Team:	
Recommendations to prevent recurrence:	
Supervisor Signature:	Date: