



Employee Accident / Incident Statement

Complete for all Types of Accidents / Incidents

All applicable sections of this report must be completed following the Control Manual "Investigation Handling" Process.

Employee Name:	Employee Number:	Business Unit / Department: Aircraft Maintenance East	City:
Occurrence Date (yyyy-MM-dd)/Time-Local :	Type: <input type="checkbox"/> Airworthiness <input type="checkbox"/> Health & Safety <input type="checkbox"/> Environment		Specific Location (i.e. Hangar, crew, shop):
Description of Accident / Incident:			
Witness(es)			
Witness Name:	Company Name:	Contact Phone: - -	
Witness Name:	Company Name:	Contact Phone: - -	
Personal Injury (Employee Injury Only)			
Severity: <input type="checkbox"/> First Aid Only <input type="checkbox"/> Lost Time Anticipated		Type of Injury:	Body part Affected:
First Aid Attendant's Name:		Contact Phone: - -	
Brief description of first aid rendered and transportation arrangements:			
Signature of First Aid Attendant: _____			
Sign-off			
Employee: Signature: _____	Received by (Supervisor / Teamleader): Signature: _____		
Name: (Print - Initial and Last Name):	Received by - Name (Supervisor / Teamleader): (Print - Initial and Last Name):		
Occupation/Title:	Occupation/Title		
Date Reported (yyyy-MM-dd)	Date Notified (yyyy-MM-dd)		

Please fax all employee injury reports to 604-276-4962 (YWG & West), 905-676-4374 (ON) or 514-422-7165 (QC)