



## INCIDENT REPORT

This form is to be filled out if anyone is injured (worker or non-worker), vehicle accident, equipment breaking, property damage, conflict with employees or property owners. The form should be handed into a supervisor or emailed to: [info@lawncareplusinc.ca](mailto:info@lawncareplusinc.ca) within 48 hours of incident.

<b>Date &amp; Time of Incident:</b>			
<b>Worker's Involved:</b>			
<b>Location of Incident:</b>			
<b>Description of Incident (please write on the back of this form if you need more space):</b>			
<b>Witness Name:</b>		<b>Phone Number:</b>	
<b>Witness Name:</b>		<b>Phone Number:</b>	

*Complete this section if you went for medical aid. You will also be required to report to WorkSafeBC.*

<b>Clinic/Hospital Name:</b>			
<b>Clinic/Hospital Address:</b>		<b>Clinic/Hospital Phone Number:</b>	
<b>Doctor's Name:</b>			

*Complete only if this incident was reported to police*

<b>Name of Officer in Charge:</b>	
<b>Phone Number:</b>	
<b>Case Number:</b>	

I, \_\_\_\_\_, certify that the above information is true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date