

**OCCUPATIONAL HEALTH & SAFETY OFFICE**  
**ALGOMA DISTRICT SCHOOL BOARD**

644 ALBERT STREET EAST . SAULT STE. MARIE, ON . P6A 2K7  
(705) 945-7111 EXT. 10320 FAX (705) 945-7224

**WORKER'S STATEMENT**

NAME: \_\_\_\_\_

WORKPLACE: \_\_\_\_\_

ACCIDENT LOCATION: \_\_\_\_\_

DATE OF ACCIDENT: \_\_\_\_\_ TIME OF ACCIDENT: \_\_\_\_\_

WHAT PART(S) OF BODY WERE INJURED?

**SIDE:** RIGHT  LEFT  **BACK:** UPPER  MIDDLE  LOWER

BRIEFLY DESCRIBE WHAT HAPPENED: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE ANY SUGGESTIONS ON HOW THE ACCIDENT COULD HAVE BEEN AVOIDED ?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WERE THERE ANY WITNESSES ? NO  YES

*IF YES, WHO ?*

\_\_\_\_\_  
\_\_\_\_\_

I have written the above statement or have had it written for me and this is my statement.

SIGNED : \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS: \_\_\_\_\_ DATE: \_\_\_\_\_