



JEFFERY'S GREENHOUSES

C-1 PERSONAL INJURY/ACCIDENT AND PROPERTY DAMAGE REPORT

(Distribution: Original to Health & Safety Coordinator ____, Copy Mgr ____, Copy JHSC __)

Date _____ Name of Injured Employee _____

Injury _____
(DESCRIBE THE INJURY, PART OF BODY INVOLVED AND SPECIFY LEFT OR RIGHT SIDE IN DETAIL)

Property/Equipment Damage _____
(DESCRIBE THE PROPERTY/EQUIPMENT DAMAGED AND THE TYPE OF DAMAGE IN DETAIL)

Date & Hour of Injury/Damage ____/____/____ / ____:____:____ Date & Hour Reported ____/____/____ / ____:____:____
DAY MONTH YR TIME DAY MONTH YR TIME

Injury or Property Damage Reported To: _____
NAME OF SUPERVISOR(S) REPORTED TO

Where did the Injury or Property Damage Occur? _____
(WHERE WAS THE WORKER WHEN THE INJURY OCCURRED OR WHERE DID THE PROPERTY DAMAGE OCCUR)

How did the injury or property damage occur?
(DESCRIBE IN DETAIL THE WORKER'S ACTIVITIES AT THE TIME OF THE INJURY, DETAILS OF EQUIPMENT OR MATERIALS USED AND THE WEIGHTS AND SIZES OF OBJECTS BEING HANDLED AND WHAT CAUSED THE INJURY OR PROPERTY DAMAGE.)

Who witnessed the injury or property damage? _____
(LIST THE FIRST AND LAST NAMES OF ALL WITNESSES)

Was any individual who does not work for the company responsible for the injury/property damage? _____
(EXPLAIN - PROVIDE THE NAME OF THE INDIVIDUAL(S) AND HOW THEY ARE PARTIALLY/TOTALLY RESPONSIBLE)

Has the worker had a previous similar injury? _____
(TO YOUR KNOWLEDGE, PROVIDE DETAILS. IF PREVIOUS SIMILAR INJURY WAS WORK RELATED INCLUDE WSIB NUMBER)

Details of First Aid Given (if any) _____
(DESCRIBE FIRST AID TREATMENT GIVEN AND BY WHOM - STATE N/A IF NO TREATMENT GIVEN)

Medical Care Received (if any) _____
(NAME AND ADDRESS OF DOCTOR OR FACILITY - I.E. HOSPITAL, WALK-IN CLINIC, CHIROPRACTOR, ETC - STATE N/A IF NO CARE RECEIVED)

How could the Injury/Property Damage Have Been Prevented? _____

Safety Memo Completed? _____ Yes (See reverse) _____ Not Required

This Report Completed By: _____ (SIGNATURE)