University of Alberta - Department of Biological Sciences
Accident Reporting Form

Complete this form and deliver to the Safety Officer, Department of Biological Sciences, Room CW315A.

All information is confidential and is intended for use by the injured person if they need to complete a Worker's Compensation Form.

<table>
<thead>
<tr>
<th>Year / Date / Time</th>
<th>Injury / Illness Occurred</th>
<th>Reported to Employer</th>
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</thead>
</table>

Injured Person's Name:

Describe where/how injury/illness occurred:

Describe Injury/Illness:

Describe First Aid given:

Name of person giving First Aid

Name of Witness:

Completed by: name / date