

University of Alberta - Department of Biological Sciences - Accident Reporting Log

Enter information here and leave in kit OR complete an Accident Report Form and deliver to Department of Biological Sciences Safety Officer - CW315A

Year/Date/Time							
Injury Occurred	Reported to Employer	Injured Person's Full Name	Describe where/how injury occurred	Describe Injury/illness	Describe First Aid given	Name of Person giving first aid	Name of Witness