

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.

	Year / Date / Time
Injury / Illness Occurred	
Reported to Employer	

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	