

Name of Supervisor notified:	
Workplace Safety and Health Division called? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Police called? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Safety and Health Committee notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Were you advised to seek medical treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did you consult a doctor: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Medical attention, first-aid obtained? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Did an investigation occur? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WCB forms completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. INFORMATION ABOUT THE ASSAILANT	
<input type="checkbox"/> Client <input type="checkbox"/> Employee <input type="checkbox"/> Other (specify)	
Name and address of suspect if known:	
4. IMMEDIATE ACTION TAKEN BY THE EMPLOYER	
5. DIRECT & INDIRECT CAUSES (Attach any pictures, graphs etc.)	
6. RECOMMENDATIONS	COMPLETED ON