



FATAL ACCIDENT INFORMATION SHEET

ACCIDENT			REPORT		
DATE YYYY MM DD	TIME _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	LOCATION	DATE YYYY MM DD	TIME _____ <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	

REPORTED BY		
NAME	POSITION	LOCATION

PARTICULARS		
NO. OF PERSONS DECEASED	NAMES OF DECEASED _____ _____ _____	NAMES OF OTHER MINISTRY PERSONNEL INVOLVED (if applicable) _____ _____ _____

ACTIVITY AT TIME OF ACCIDENT (if during travel, indicate method and carrier)

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\_\_\_\_\_

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\_\_\_\_\_

- NOTIFY THE FOLLOWING: (they MUST be)
- 1. Local R.C.M.P. (by workplace) ..... Yes
  - 2. Regional Manager, District Manager, etc. (by workplace) ..... Yes
  - 3. the "local" W.C.B. (by workplace) ..... Yes
  - 4. Next of Kin (by police) ..... Yes
  - 5. Local B.C.G.E.U. office (by workplace) ..... Yes
  - 6. Ministry C.I.S.M. 1-800-661-CISM (2476) (by workplace) ..... Yes
  - 7. Human Resources Branch, Accident Prevention Section (by workplace) ..... Yes
  - 8. Executive (by Human Resources Branch or Provincial F.C. Officer) ..... Yes
  - 9. Human Resources Branch, Leave & Benefits Section (by Accident Prevention) .... Yes
  - 10. PSERC Occ. Health & Safety (by Human Resources Br., Accident Prevention) ..... Yes
  - 11. Communications Branch (by workplace) ..... Yes

**NOTE:**

**UNDER NO CIRCUMSTANCES IS THE ACCIDENT TO BE DISCUSSED WITH THE MEDIA. ALL INQUIRIES FROM THE MEDIA ARE TO BE DIRECTED TO THE R.C.M.P. OR TO THE LOCAL POLICE IN THE AREA OF THE ACCIDENT.**

SUMMARY (details of accident, witnesses and other related information)

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REPORT RECEIVED BY		
NAME	POSITION	LOCATION

This form is designed to assist in capturing the necessary information required for reporting and ensuring the appropriate contacts are made during the stressful initial follow-up stages of a fatality. **DO NOT FAX.**