

Form 1

Worker's Statement of Incident



Did you seek First Aid? No: _____ Yes: _____

Specify Date and Occupation: _____ First Aid Attendant's Name: _____

Nature of the Injury (include body area/part affected, left, right, psychological etc.)

Did you or will you be seeking attention by a medical provider? Please specify if yes

No: _____ Yes: _____

Were you or will you be absent from work beyond the day of the incident? (If yes, please complete the

[Worker Report of Injury Form 6A](#) No: _____ Yes: _____

Was the incident a result of a repeated incident with the same aggressor with the same provider? No: _____

Yes: _____

In the role that you were performing on the day of the incident, was this your regularly scheduled duty? No: _____

Yes: _____

Description of the Violent Incident: (include the sequence of events, equipment used, personnel provided support etc.)
