



International Brotherhood of Boilermakers Lodge 359

Boilermaker Exposure Incident Reporting Form



The following information will assist in recording a workplace exposure incident. Please provide as much detail as possible to insure that the incident is accurately recorded for future reference.

Contractor's Name:
Employer's information: Contact Name: _____ Street Address: _____ City: _____ Province: _____ Postal Code: _____ Phone: _____ Fax: _____ Email: _____
Employee information: Name: _____ Street Address: _____ City: _____ Province: _____ Postal Code: _____ Phone: _____ Fax: _____ Email: _____
Location of incident: Site Name: _____ Street Address: _____ City: _____ Province: _____ Postal Code: _____
Describe the nature of work: _____ _____ _____

Did the project have a Joint Health and Safety Committee (JHSC)?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
Did the project have a Joint Health and Safety Committee Representative?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unsure	
If your answer was yes to either of the previous two questions, please attach the JHSC or Representatives incident report to this form.			
If the answer was no, please attach an employer or first aid incident report if possible to this form.			
Please list all workers involved in the exposure incident (attach list if necessary).			

Date of Exposure		Time of Exposure	
	mm/dd/yyyy		am/pm
Please describe what occurred:			
<input type="checkbox"/> Leak	<input type="checkbox"/> Spill	<input type="checkbox"/> Rupture	<input type="checkbox"/> Emission
<input type="checkbox"/> Explosion	<input type="checkbox"/> Other		
Please specify other:			

If Known, what chemical or substance(s) was the worker exposed to?			

What PPE were you wearing at the time of exposure?			

Was a workers compensation claim made related to this incident?			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
If available, provide claim number:			

Was a formal incident report made to a Government agency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
If yes, did a government official attend the job site?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Was an MSDS available about the substance(s) involved?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Was exposure monitoring or air sampling done after the incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not Sure
Please attach any related documentation to this report form and submit it either via mail to the "International Brotherhood of Boilermakers Lodge 359" 4514 Dawson Street, Burnaby B.C. V5C 4C1 or by fax at 604.291.9265 or by email to memberservices@boilermakers359.org			