



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:	

<p>Did the project have a Joint Health and Safety Committee (JHSC)?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure </p>			
<p>Did the project have a Joint Health and Safety Committee Representative?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure </p>			
<p>If your answer was yes to either of the previous two questions, please attach the JHSC or Representatives incident report to this form.</p> <p>If the answer was no, please attach an employer or first aid incident report if possible to this form.</p>			
<p>Please list all workers involved in the exposure incident (attach list if necessary).</p> <p>_____</p> <p>_____</p>			
<p>Date of Exposure</p>	<p>mm/dd/yyyy</p>	<p>Time of Exposure</p>	<p>am/pm</p>
<p>Please describe what occurred:</p> <p> <input type="checkbox"/> Leak <input type="checkbox"/> Spill <input type="checkbox"/> Rupture <input type="checkbox"/> Emission <input type="checkbox"/> Explosion <input type="checkbox"/> Other </p> <p>Please specify other:</p> <p>_____</p> <p>_____</p>			
<p>If Known, what chemical or substance(s) was the worker exposed to?</p> <p>_____</p>			
<p>What PPE were you wearing at the time of exposure?</p> <p>_____</p> <p>_____</p>			
<p>Was a workers compensation claim made related to this incident?</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p> <p>If available, provide claim number:</p>			
<p>Was a formal incident report made to a Government agency? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>			
<p>If yes, did a government official attend the job site? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>			
<p>Was an MSDS available about the substance(s) involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>			
<p>Was exposure monitoring or air sampling done after the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Sure</p>			
<p>Please attach any related documentation to this report form and submit it either via mail to the "International Brotherhood of Boilermakers Lodge 359" 5510-268th Street, Langley B.C. V4W 3X4 or by fax at 778.369.3595 or by email to memberservices@boilermakers359.org</p>			