

1. Person Involved: Employee Volunteer

Last name: _____ First name: _____ Gender: Male Female

Street address: _____

City/Town: _____ Province: _____ Postal Code: _____ Telephone Number: (____) _____

Department and position of employee: _____ FT RPT CPT Fair

On day of incident - scheduled from: _____ a.m. p.m. to: _____ a.m. p.m.

2. Medical Information:

Have you been to CS medical? Yes No Returned to work Sent to hospital/clinic Sent home

3. Incident Information:

Location of incident: _____

Date of incident: _____ Time of incident: _____ a.m. p.m.
or this condition developed over time

When was the incident reported to your supervisor?

Date: _____ Time: _____ a.m. p.m.

Supervisor's name (please print): _____

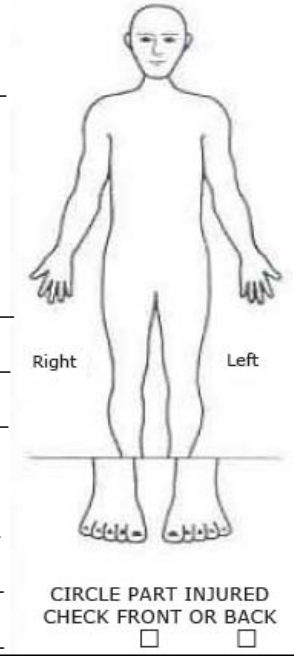
Witness No. 1 name: _____ Witness No. 2 name: _____

What happened? _____
_____ (continue on back page)

What were you doing? _____

What tools/equip./chemicals were you using? _____

Were you injured: Yes No What are your injuries? _____



Signature of Person Involved: _____ **Date:** _____

4. Supervisor Initial Information:

Was the worker's action, at the time of the incident, for the purpose of Calgary Stampede business? Yes No

Was the action part of the worker's regular duties? Yes No

Describe what contributed to the incident and explain the control measures you put in place.

Continue on back page if required.

Signature of Supervisor: _____ **Local No.:** _____ **Date:** _____

Once form has been completed; FORM 114(05-10)
Fax to People Services 403.261.9307 or scan and email to payroll@calgarystampede.com

