West Coast Extraction Systems Ltd.

Employee Incident Form

5314 244 Street Langley BC V2Z 1H7
Cell: 604-834-2795 Office: 604-591-8585

Date:					
Employee					Supervisor
Name:				Name:	
Position:				Position:	
Inciden t					
Date:			ilicidell		
Time:					
Physical Loca	ation:				
Project / Acti	vity:				
Result:	☐ Near Miss		Accident		
Hazards:					
Impacts:					
Classify Incident					
☐ Accident	☐ Negligence	☐ Interpersonal ☐ L	_ack of Training	□ Vandalism	Other:
Description of Incident (Include Reasons of Causations)					
Description of incluent (include keasons of Causanons)					
Employee Explanation					
Witnesses					
Immediate Actions Taken to Reduce or Eliminate the Hazard					
Action to be taken					
☐ Verbal Wa	urning \square Training	n □ Written Warning			Dismissal Dother:
La verbar wa		y in written warning		Ouspension L	Distrissal L Other.
Explain Action					
By Signing this document, you acknowledge that you have read and understood information contains					
By Signing this document, you acknowledge that you have read and understood information contain					
Employee					Manager/Supervisor
Deta Deta					
Date					Date

Phone: (604) 591 8585 Cell: (604) 834 2795