Reset Form

ELECTRICAL INCIDENT REPORT FORM

LOCAL FILE NUMBER _____
DATE

DETAILS OF ACCIDENT

Human Fatality (click one)	☐ Yes ☐ No	Human Injury (click one)	☐ Yes ☐ No	Animal Fatality (click one)	☐ Yes ☐ No
Date of Accident		Time of Day			
Exact Location of Accident					
	LSD	Section	Township	Range	West of
Name of Person Injured or Involved	Occupation		Age	Phone No.	
Address				Postal Code	
Description of Injury (if any)					
Employer				Phone No.	
Address				Postal Code	
Description of Accident (state facts only)					

ELECTRICAL EQUIPMENT INVOLVED

Description of Electrical Equipment Involved in Accident (including power lines) -	
	Voltage (to gnd. or ∅-∅)
Owner of Equipment	Operator of Equipment (if different from owner)

OTHER EQUIPMENT INVOLVED

Description of Other Equipment Involved in Accident -	
License No. of Equipment (if applicable)	Make and/or Type of Equipment (if applicable)
Owner of Equipment	Phone No.
Address	Postal Code
Operator of Equipment	Phone No.
Address	Postal Code

Reported By	Firm Name	Location	Phone No.

SUBMIT COPIES TO:

Technical Administrator for the Electrical Discipline
16th Floor, 10155 – 102 Street, Edmonton, Alberta T5J 4L4
Email: safety.services@gov.ab.ca Fax: 780-427-8686 Phone: 1-866-421-6929