



Motion Picture Studio Production Technicians
Local 849 of the I.A.T.S.E.

ACCIDENT / INCIDENT REPORT

Production Title:	Phone:
Production Company/Employer Name:	Fax:

Location of Accident/Incident:	
Date of Accident/Incident: month day year	Time of Accident/Incident: AM <input type="checkbox"/> PM <input type="checkbox"/>
Name of Employee Involved:	Phone:
Department and Position of Employee:	E-mail:
Name of Department Head/Key:	Phone:
Was the accident/incident reported to the Department Head/Key?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
If Yes: Date Reported: month day year	Time Reported: AM <input type="checkbox"/> PM <input type="checkbox"/>
Was the Producer/Employer and Production Manager notified immediately?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
If Yes: Date Reported: month day year	Time Reported: AM <input type="checkbox"/> PM <input type="checkbox"/>

Describe how the accident/incident occurred (attach additional sheets if necessary):

Describe the accident/incident (including any injuries sustained):

Were emergency personnel or Workers' Compensation Board representatives notified or called in?	YES: <input type="checkbox"/> NO: <input type="checkbox"/>
Please provide details:	



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Was any type of medical assistance such as first aid provided at the scene? YES: NO:

If yes, please provide name and contact number of the individual(s):

Name:	Phone:
Name:	Phone:
Name:	Phone:
Name:	Phone:

Were the Safety Representative and the Shop Steward notified immediately? YES: NO:

Please provide details:

Was there any witness to the accident/incident? YES: NO:

Name:	Phone:
Name:	Phone:
Name:	Phone:
Name:	Phone:
Name:	Phone:

PLEASE OBTAIN AND ATTACH A STATEMENT FROM ANY WITNESS(ES) TO THE ACCIDENT/INCIDENT.

What remedial action was taken?



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Signatures

By signing the designated space below, you confirm that the information given in this form is true, complete and accurate to the best of your knowledge.

Employee

Date

Department Head/Key

Date

Safety Representative

Date

Shop Steward

Date

Producer/Employer

Date

Production Manager

Date

PLEASE FORWARD A COPY OF THIS REPORT TO THE OFFICE OF LOCAL 849 OF THE I.A.T.S.E. IMMEDIATELY.

admin@iatse849.com | Phone: 902.425.2739
617 Windmill Road, 2nd Floor, Dartmouth, Nova Scotia, B3B 1B6

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Local 849 of the I.A.T.S.E. Privacy Statement: A copy of this report will be kept on file at the Office of Local 849 of the I.A.T.S.E. for any further or future reference should it become necessary. The information contained in this report will be used solely for the purpose for which it was collected, and will remain on file only as long as required.