

# ELECTRICAL INCIDENT REPORT FORM

LOCAL FILE NUMBER \_\_\_\_\_  
DATE \_\_\_\_\_

<b>DETAILS          <b>OF          <b>ACCIDENT</b></b></b>	Human Fatality (click one) <input type="checkbox"/> Yes <input type="checkbox"/> No		Human Injury (click one) <input type="checkbox"/> Yes <input type="checkbox"/> No		Animal Fatality (click one) <input type="checkbox"/> Yes <input type="checkbox"/> 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)						

<b>ELECTRICAL EQUIPMENT INVOLVED</b>	Description of Electrical Equipment Involved in Accident (including power lines)					
						Voltage (to gnd. or Ø-Ø)
	Owner of Equipment			Operator of Equipment (if different from owner)		

<b>OTHER EQUIPMENT INVOLVED</b>	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.
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**SUBMIT COPIES TO:**

Technical Administrator for the Electrical Discipline  
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