



Accident/Incident Investigation Report

INSTRUCTIONS

- For reportable Accidents on Set, please complete within 72 hours.
- **This form must be completed by the Production Manager or his/her representative on set at the time the Accident occurred.**
- Please PRINT unless a signature is required.
- Fax to Shepell•fgi at 1-877-562-9126 (toll-free within North America) or 1-905-278-7317 (outside North America - regular long distance charges will apply).

PERFORMER IDENTIFICATION

| | | |
|-------------------------------------|----------|-----------------------------|
| Name (last, first) | | Date of Birth DD MM YYYY |
| ACTRA Number or AFBS Account Number | | Telephone () - |
| Home Address (number, street, city) | Province | Postal Code |
| Production Name | | Certificate # |

ACTRA PERFORMER CATEGORY

Member
 Apprentice Member
 Stunt Performer
 Stunt Coordinator
 Stand-in
 Photo-Double
 Special Background Performer
 Background Performer
 Permittee
 Additional Background Performer
 Other (please specify) _____





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DETAILS OF ACCIDENT

Was the Shepell•fji triage nurse contacted at the time of the Accident? Yes No

Date of Accident

DD MM YYYY

Time of Accident

HR MIN a.m. p.m.

Date Accident Reported

DD MM YYYY

Time Accident Reported

HR MIN a.m. p.m.

Contact information of the person to whom the Accident was reported

Name:

Telephone: () -

E-mail:

Did the Performer leave the set as a result of the Accident? Yes No

If "Yes" please indicate the Date and Time this occurred

Date Left Set

DD MM YYYY

Time Left Set

HR MIN a.m. p.m.

Please indicate the Performer's anticipated hours of work on the date of the Accident.

If the Performer has returned to the set, please indicate the date.

DD MM YYYY

PERSONAL INJURY

Exact Location

Position/Job

Date Employed

DD MM YYYY

Time on Job

Nature of Injury

Part of Body Affected

Object/Equipment/Substance Inflicting Injury/Illness

Person with Most Control of Object/Equipment/Substance

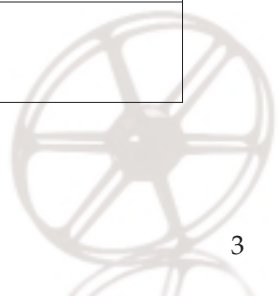


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| WITNESSES | |
|---|----------------------------|
| Name (last, first) | Position/Job |
| Address (number, street, city, province, postal code) | Telephone () - |
| Name (last, first) | Position/Job |
| Address (number, street, city, province, postal code) | Telephone () - |
| Are you aware of any pre-existing condition the performer has which may have contributed to the injury? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", please explain: | |

| DESCRIPTION |
|---|
| Describe clearly how the Accident occurred (attach Accident diagram, photograph or additional information as required). |
| |
| |

| ADDITIONAL INFORMATION |
|--|
| Describe position of injured performer in the moments after the Accident occurred. |
| Describe machinery and materials involved and/or any personal protective equipment in use. |
| Describe ergonomic factors (required body movements i.e., bending, lifting, twisting, pushing, pulling, standing still, sitting, wrist positions, etc.). |
| Describe environmental conditions (i.e. noise, lighting, housekeeping). |
| Please describe any on-set or off-set medical treatment received. |





Accident/Incident Investigation Report

ANALYSIS

What acts, failures to act and/or conditions contributed most directly to this Accident?

What are the basic or fundamental reasons for the existence of these acts and/or conditions?

Loss Severity Potential Major Serious Minor

AUTHORIZATION and SIGNATURE

| | | |
|---|-----------------------------|------------------------|
| Reported by | | Date DD MM YYYY |
| Reviewed by | | Date DD MM YYYY |
| Completed by Production Manager or Representative | Work Telephone () - | E-mail |
| Production Location Designate Contact Information (if different) | Work Telephone () - | E-mail |
| Production Manager's or Representative's Signature | | Date DD MM YYYY |

PLEASE FAX THE COMPLETED ACCIDENT/INCIDENT INVESTIGATION REPORT TO SHEPELL•FGI AT:
1-877-562-9126 (toll-free within North America) or 1-905-278-7317 (outside North America - regular long distance charges will apply).

Shepell•fgi has been engaged by Actra Fraternal Benefit Society to provide active early intervention and support to insured performers when an accident occurs on set. The Shepell•fgi triage nurse is available by phone at 1-888-510-1402 (toll-free within North America) or 1-416-969-4840 (collect call outside North America).

Underwritten by:

Actra Fraternal Benefit Society: 1000 Yonge Street, Toronto, Ontario M4W 2K2
Telephone: (416) 967-6600 / Toll Free: 1-800-387-8897 Fax: (416) 967-5372 / Toll Free Fax: 1-888-804-8929
E-mail: admin@accidentonset.com www.accidentonset.com

