



**ADVANCED EXPLORATIONS INC.
BEHAVIOUR BASED SAFETY
FIRST REPORT OF EMPLOYEE INJURY CLAIM**

CLAIM NUMBER:	
Name of Injured:	SIN:
Home Telephone:	Job Title:
Home Address:	
Date of Birth (yyyy/mm/dd):	Married/single:
Date of Hire:	Rate of Pay:

Date of Injury/Illness:	Time: AM/PM
Current Shift worked (hours):	Days since last day off:
Location of Accident:	Supervisor:
Describe Injury (including location):	
Events leading to, and causing injury:	
Name(s) and contact info of Witness(es):	
Describe equipment/tools may have been involved in injury:	

What medical facility was the injured taken to?:	
Treating Physician:	Phone #:
Address:	
Recommended treatment:	
Was the Physician informed that AEI provides Light Duty?:	Y/N
Date employee returned to work:	Returned to same pre-injury job?: Y/N

What immediate action has been taken or will be taken to prevent this kind of accident in the future?	
Date accident reported to WSCC:	
Comments:	
Supervisors Signature:	Date:
<p>Workers Certification: By signing below, I am certifying that the above is true and correct to the best of my knowledge, and that I have provided this information to the Company in order to file a Workman's Compensation Claim. I am also authorizing any healthcare professional who treats me to provide me, my employer, my employer's insurance company, or the WSCC (or equivalent) with information about my functional abilities or other pertinent medical information as may be permissible by law.</p>	
Workers Signature:	Date: