



Tri-Energy Services Ltd.
Canadian Safety Services Ltd.

105 Kuusamo Dr. Red Deer County, Alberta T4E 2J5
www.tri-energy.ca 403-887-5400

INJURY INCIDENT REPORT FORM

Effective Date 2026-07-31

Form#: 20260730-008

Rev 1.0 Page 1 of 2

☐ Work Related Injury

☐ Non-Work Related (Non Occupational)

Worker Name (first/last): _____ Leader Name (first last): _____

Incident Information

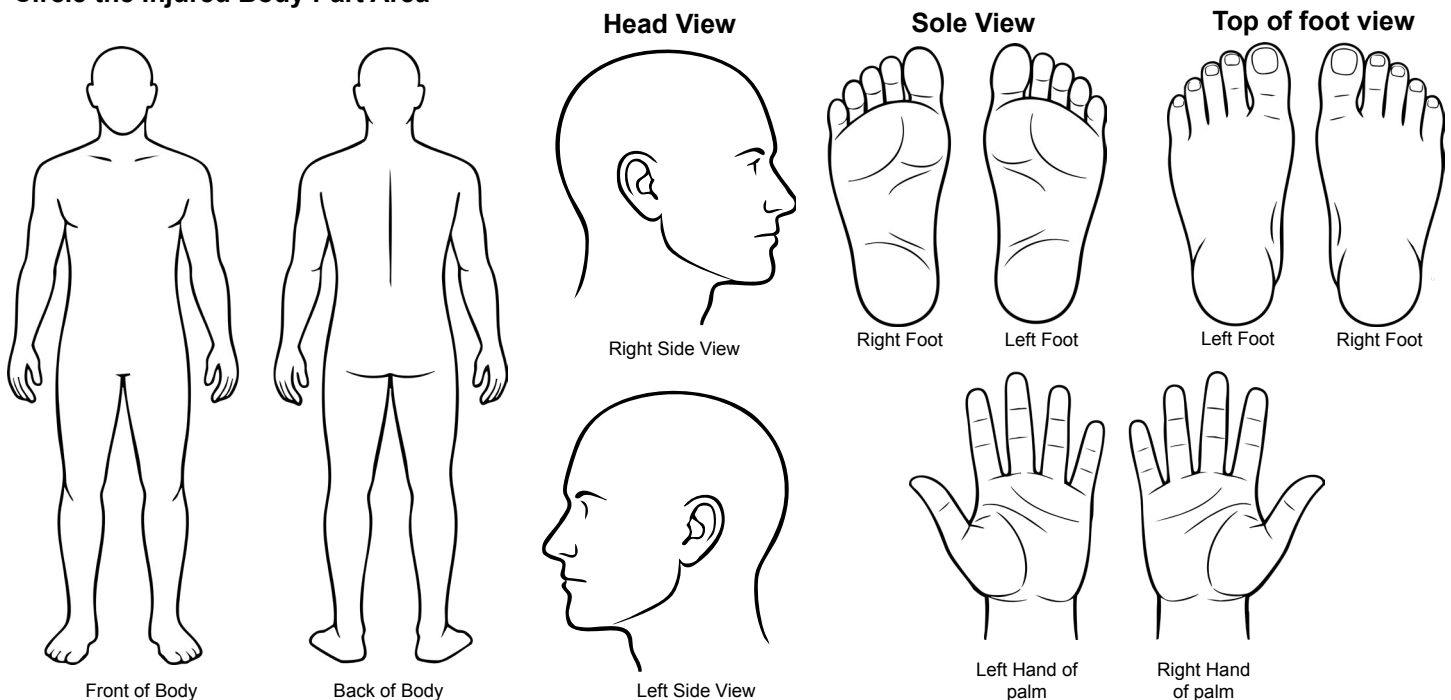
Date: _____ Time: _____ Location: _____ Service Line _____

Occupational Position: _____ Witness Present: ☐ Yes ☐ No

Injury/Illness Information

Describe the symptoms you felt and when they started:

Circle the Injured Body Part Area



Have you had a similar injury/ illness before? ☐ Yes ☐ No

Provide details if you answered yes:



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Injury/Illness Assessment/Treatment

Did you receive first aid from a certified first aid attendant? ☐ Yes, Provide Details ☐ No

Treatment Recieved: _____

Name of First Aid Attendant: _____

Were you assessed & treated by a health professional or medical practitioner? ☐ Yes, please provide details ☐ No

Treatment received: _____

Medication recommended/prescribed: _____

Refusal of Medical Treatment

I refused to receive medical assessment/ treatment on (date) _____ offered by (name) _____

at (time 24:00) _____ in (location) _____

Sign Off

The foregoing statement, which I have provided to _____, has been read and reviewed by me. I fully understand its contents and hereby declare that it is a true and correct record of my account.

Your Name _____ Signature: _____ Date: _____

Leader Name: _____ Signature: _____ Date: _____

HSE Name: _____ Signature: _____ Date: _____