

	DOCUMENT NO: HS001	ISSUE 1:0
	Apprentice Injury Report	DATE: 14 <sup>th</sup> March 2003

Apprentice Name: \_\_\_\_\_ Date: \_\_\_\_\_

When did this injury happen? \_\_\_\_\_

Where did this injury happen? \_\_\_\_\_

What were you instructed to do at the time?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How did the injury happen?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Who else was involved at the time of the injury?  
 \_\_\_\_\_  
 \_\_\_\_\_

Was the correct procedure followed to report the injury? Yes/No

Has there been a Workers Compensation and GTNT form completed for the injury? Yes/No

What possible precautions could have been taken to avoid the injury?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

What steps are now in place to ensure the injury does not occur again?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Apprentice Signature: \_\_\_\_\_ Date \_\_\_\_\_

GTNT Representative: \_\_\_\_\_ Date \_\_\_\_\_