

The following information will be requested by Workplace Safety and Health Division when you report a Serious Accident

- The name and address of each person involved in the incident;
 - the name and address of the employer, or any other employers involved;
 - the name and address of each person who witnessed the incident;
 - the date, time and location of the incident;
 - the apparent cause of the incident and the circumstances that gave rise to it
- If you realize that any of the above information you provided was incorrect or incomplete, you must immediately contact WSH again with the new information.