

Contact Information

Please tell us how to contact you.

*First Name	*Last Name
*Primary Telephone Number	Email Address

Employer Information

Please list the corresponding PSI Report Reference number you have received from filing the report online.

*PSI Report ID	*Date of Incident (yyyy-mm-dd)
*Employer/Prime Contractor Legal Name	

Investigation Details

Please indicate type and details of the corrective actions undertaken to prevent a recurrence of the injury or incident.

* Has an investigation been completed? Yes No	* Were corrective actions taken? Yes No
*Corrective Actions Taken (select all that apply)	
Eliminated Hazard Provided Training Substituted Equipment Applied Engineered Controls Provided Personal Protective Equipment Changed Policy/Procedure Other:	
*Please provide details of the corrective actions selected above.	

Once completed, please submit the form to: lbr.psi@gov.ab.ca