



**REPORT OF AN ACCIDENTAL EXPOSURE OR EXPLOSION**  
 Guidelines  
 Section 43(4), *Occupational Health & Safety Act*

**To: Chief Compliance Officer – Fax: 506 738-4099 Tel: 506 738-4109**

Please indicate what you are reporting:                       Exposure                       Explosion

Employer Information	Worker Information
Company Name:	Name:
Address:	Tel:
	Department:
Tel:	Supervisor:
Fax:	Tel:

Witness(es)	
Name:	Tel:
Name:	Tel:

Type of Exposure	Specify
<input type="radio"/> Chemical	
<input type="radio"/> Physical	
<input type="radio"/> Biological	

**Part of Body or System Involved:**  
 \_\_\_\_\_

**Details of the Exposure or Explosion:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Sampling Performed**

Agent	Location	Time	Results	Comments

**Performed By:** \_\_\_\_\_

**Comments:**  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Submitted By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature:** \_\_\_\_\_