



# Accident/Incident Investigation Report

For Production Use Only

FORM 13-IR

**PRODUCTION MUST REPORT A WORK-RELATED ACCIDENT, INCIDENT OR EXPOSURE TO AFBS WITHIN 72 HOURS OF ITS OCCURENCE**

## INSTRUCTIONS

- This form must be **completed by the Production Manager or his/her representative on set** at the time the accident/incident/exposure occurred.
- Complete this form for every accident/incident/exposure that results in injury or illness to a performer.
- This form may be completed electronically, printed and signed. Alternatively, please PRINT information.
- Completed forms may be scanned and emailed or faxed to AFBS.  
EMAIL: admin@accidentonset.ca FAX: 416.967.4744 1.888.804.8929

## PRODUCTION INFORMATION

Production Name		IPA Accident on Set Certificate #	
<b>Production Manager or Representative signing this form</b>			
Name (Last, First, Middle Initial)		Position	
Email		Telephone Number	
<b>Production Location Designate (if different than above)</b>			
Name (Last, First, Middle Initial)		Position	
Email		Telephone Number	
<b>Name of person on set to whom the accident/incident/exposure was reported</b>			
Name (Last, First, Middle Initial)		Position	
Email		Telephone Number	

## ACTRA AGREEMENT CATEGORY

<input type="checkbox"/> Independent Production Agreement (IPA)	<input type="checkbox"/> National Commercial Agreement (NCA)
<input type="checkbox"/> National Film Board (NFB) Agreement	Name of Signatory Agency
<input type="checkbox"/> Canadian Broadcasting Corporation (CBC) Agreement	Name of Commercial

## PERFORMER INFORMATION

Name (Last, First, Middle Initial)		
ACTRA #	Email	Telephone Number







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## DETAILS ABOUT THE ON SET ACCIDENT/INCIDENT/EXPOSURE

Date of accident/incident/exposure:

Time reported to set: \_\_\_\_\_  a.m.  p.m.

Date accident/incident/exposure reported:  Same as above

Time of accident/incident/exposure: \_\_\_\_\_  a.m.  p.m.

or

Time accident/incident/exposure reported: \_\_\_\_\_  a.m.  p.m.

Did the Performer leave the set because of the accident/incident/exposure?  YES  NO

If YES, please indicate the date and time this occurred.  Time \_\_\_\_\_  a.m.  p.m.

If NO, did the performer continue to work?  YES  YES, with modifications (please describe)  
 NO, (outline reason for remaining on set)

Exact location of accident/incident/exposure: \_\_\_\_\_

Were there any witnesses to the accident/incident/exposure?  YES  NO If YES, provide names, positions and contact telephone numbers of witnesses:

Describe what happened to cause the accident/incident/exposure (attach additional pages and include accident/incident/exposure diagram, photographs or additional information, as required) and describe what the performer was doing at that time.



