WORK SAFE.
FOR LIFE.
WORKERS' COMPENSATION BOARD OF NOVA SCOTIA

Halifax Office
1-800-870-3331 toll free
902-491-8999 local

Sydney Office
1-800-880-0003 toll free
902-563-2444 local

Service Provider Incident Investigation Form

WCB Claim #:
Health Card #:

WORKER INFORMATION

Worker's Last Name:	First Name:	Initial:	Date of Birth: dd | mm | yyyy
Street:	City:	Province: Postal Code:	Date of Incident: dd | mm | yyyy
Worker Home Phone:	Worker Cell Phone:		

HEALTH CARE PROVIDER INFORMATION

Provider Name:		ID#:
Practitioner Name:	Date Reported: dd | mm | yyyy	Phone:

INVESTIGATION INFORMATION

Level of Severity: Major ☐ Serious ☐ Minor ☐

What action(s) has been taken, or will be taken, to prevent reoccurrence? (complete chart provided below)

Action:	Person Responsible:	Completed:
		☐ Yes Date: dd | mm | yyyy ☐ No
		☐ Yes Date: dd | mm | yyyy ☐ No
		☐ Yes Date: dd | mm | yyyy ☐ No