

# Mining-PSI Reporting: Overview

## Applicant Name

First Name: \*

Last Name: \*

Title: \*

## Applicant Contact Information

Business Phone  
Number: \*

Cell Phone Number:

Email Address:

Re-enter Email  
Address: ⓘ

## Incident Summary

Date of Incident: \*

Were there any injuries that required medical but without admission to hospital? \* ⓘ

Description of Incident: \*

# Mining-PSI Reporting: Employer Information

## Alberta Reporting of Potentially Serious Incidents (PSIs)

GOA\lewinda.knowles



Home



Overview



Employer  
Information



Injured Person



Incident Details



Review &  
Submit

### Employer Details

WCB Insured: ⓘ

Yes

[Don't know the WCB Account?](#)

WCB Account:\*

WCB Industry: \* ⓘ

Select Industry

Legal Name: \*

Operating Name:

How Many Employees  
Do You Have: \*

Relationship to  
Incident: \*

Employer Information Accuracy:

False

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SAVE

# Mining-PSI Reporting: Injured Person

Alberta Reporting of Potentially Serious Incidents (PSIs)

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Employer  
Information

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Injured Person

4

Incident  
Details

5

Review &  
Submit

Injured Person Details

Employer \* test

First Name \* test Last Name \* test

Approximate Age \* 14-19 Is injured person an employee? \* Yes

Occupation \* tests clerk

Injury 1

Part of Body 1 \* Head Eye

Injury Type 1 \* Eye or Vision Condition Blindness/ low vision

Comment

Additional injury? ⓘ

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# Mining-PSI Reporting: Incident Details

## Incident Location

Select at least one: \*

Street Address

Land Survey Description

Latitude / Longitude

Mining Site? \*

## Incident or Potential Incident Type

Type of Incident or  
Potential Incident \*

Select Type of Incident

Incident Type

Comment

Source of Incident \*

Select Source of Incident

Incident Source

Comment

## Number of People Involved

Please specify the approximate number of people involved in each of the categories below (Enter 0 if applicable)



At the worksite at the time of incident \*

Exposed to the Incident \*

Injured (Not admitted to Hospital)

## Investigations and Corrective Actions

Has an Investigation taken place? \* ⓘ

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NEXT

# Mining-PSI Reporting: Incident Details (2)

## Investigations and Corrective Actions

Has an Investigation taken place? \* ⓘ

Yes ▼

Corrective Action Taken \* ⓘ

Yes ▼

Corrective Action ⓘ

- Eliminated Hazard
- Substituted Equipment
- Applied Engineering Controls
- Others, Specify
- Provided Training
- Provided personal protective equipment
- Changed Policy / Procedures

Description of Corrective Action

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