



**CONSTRUCTION ASSOCIATION OF THUNDER BAY**

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## **INJURY REPORT FORM**

**Fax to: Construction Association of Thunder Bay**

**Fax #: 807-623-2296**

**Attention: Harold Lindstrom, CATB Safety Group**

**WSIB FIRM NUMBER** \_\_\_\_\_

**WSIB CLAIM NUMBER** \_\_\_\_\_

**DATE OF ACCIDENT** \_\_\_\_\_

**DATE OF RETURN TO WORK** \_\_\_\_\_

**ACCIDENT COSTS TO DATE** \_\_\_\_\_

**MODIFIED WORK OFFERED (DATE)** \_\_\_\_\_

\*Available on web site at [www.catb.on.ca](http://www.catb.on.ca)