



NOTICE OF INJURY

Name of Injured _____

Date of Injury: _____ Time: _____ a.m. _____ p.m. _____

Cause of Injury _____

What was the Injury? _____

If you didn't report the accident immediately to your employer, please explain reason(s) why.

Names of Witnesses to Injury (if any) _____

Signature of Supervisor Reported to

Signature of Injured Worker

Dated
WCB 4106 (11/93)

FORM 1

Injured Worker to fill in two copies :

- 1) one for employer as a permanent record.
- 2) one for personal records.

**NOTE: DO NOT SEND THIS FORM IN
TO THE WORKERS COMPENSATION
BOARD.**

IMPORTANT: Report your workplace accident to the WCB now. Dial 786-9525 or toll free in rural Manitoba 1-800-362-3340.

Remember, you can call 24-hours a day, seven days a week. Outside of office hours, an answering service will take your name and telephone number and we will return your call on the next working day. Office hours are 8:30 a.m. to 4:30 p.m. Monday to Friday.