



**ROYAL CANADIAN MARINE  
SEARCH & RESCUE**  
*Saving Lives on the Water*

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**INJURY/ILLNESS on DUTY FORM**

**Member Information**

Name:	Phone Number:
	Station and Membership #:

**Incident Information**

Date/time of event:	Where did it take place:
Reported to:	Nature of injury/illness:
Medical attention rendered (first aid/Dr./hospital):	By whom/where:
Describe what happened:	Describe the injury/illness:
Severity:	Witnesses (if any):

**Supervisor (to complete)**

Is the injury/illness reportable to WorkSafe BC? Y N (circle one)

Was an accident investigation conducted?

Should Member

- Continue with duties: \_\_\_\_\_
- Be stood down: \_\_\_\_\_
- Reassigned to other duties: \_\_\_\_\_

Effective: April 1, 2021  
Approved: CEO

Version: 2  
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Updated: August 1, 2024  
Document: Injury/Illness on Duty Form

If reportable injury/illness did member initiate a WorkSafe BC claim?   Y   N (circle one)

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor Signature

\_\_\_\_\_  
Date

**Note: A copy of the completed form must be forwarded to the Manager,  
Operations at HQ.**

Bill Riggs  
Bill Riggs (Jul 23, 2024 14:35 PDT)