



Incident and Accident Report		
Staff ____ Performer ____ Crew ____ Patron/Guest/Visitor ____ Other _____		
Incident and Accident Details		
Date (dd/mm/yy):	Location:	
Time (am/pm):		
Report taken by:	Phone number:	Staff ___ Volunteer ___

Victim Information	
Name:	Gender:
Address:	Under18? Yes ___ No ___ If yes, date of birth (dd/mm/yy):
	Phone Numbers:
Email:	

Parent/Guardian (if applicable)	
Name:	Relationship:
Address:	Phone Numbers:
Email:	

Witness / Victim Representative	
Name:	Relationship:
Address:	Phone Numbers:
Email:	

Pledge of Confidentiality

Personal information collected on this form is collected under the guidelines of Bill C-6 of the Federal Personal Information Protection and Electronic Documents Act (PIPEDA).

Description of Incident
Describe anything leading up to or contributing to the incident / accident including room conditions (i.e. water, uneven floor, debris). Do not draw conclusions; state observations and facts only.

Description of Injury and First Aid Given	
Was First Aid Given? Yes ___ No ___ First Aid Given By:	
Trained First Aider? Yes ___ No ___ Unknown ___	Phone Number:
Level of Training: Emergency ___ Standard ___ Other _____	

Emergency Services		
Was 911 Called? Yes ___ No ___	Time:	Ambulance Refused? Yes ___ No ___
If victim went to hospital, name of hospital:		
Occurrence #:	Badge Number:	
Were the police on site? Yes ___ No ___	Officer Name:	
Has victim reporting visiting doctor since the incident? Yes ___ No ___		

Management Follow-up Action(s)
Please provide name, date, and action taken / needed