



To be submitted within 24 hours

Reference #: _____

INCIDENT AND/OR INJURY REPORT

Type of Report Incident Injury

Division: _____ Community Development and Recreation Services	
Branch: _____	
Date of Incident/Injury: _____ / _____	Time: _____ am/pm
Site Name: _____	
Site Address: _____	Site Phone: _____
Exact location of Incident/Injury: _____	
Was the Incident/Injury reported to the Police? <input type="checkbox"/> Fire Dept? <input type="checkbox"/> Incident #: _____ Date: _____	
Was Supervisor notified? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, reason not reported: _____	
Name and phone number of Supervisor Incident/Injury was reported to: _____	
Describe the incident/ injury in detail (on reverse):	
Name of person involved: _____ Sex <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____	
Address: _____ Postal Code: _____	
Home Phone: _____ Work Phone: _____	
Were parent/guardian notified? <input type="checkbox"/> Yes <input type="checkbox"/> No Name of person notified (relationship): _____	
Was First Aid given? <input type="checkbox"/> Yes <input type="checkbox"/> No By whom: <input type="checkbox"/> Staff _____ <input type="checkbox"/> Other _____	
Detail First Aid given: _____	
Name of Hospital the person was taken _____ By whom: _____	
PERSON (S) RESPONSIBLE FOR INCIDENT/INJURY, IF KNOWN:	
Name _____	Address _____ Phone: (h) _____ / (w) _____
Name _____	Address _____ Phone: (h) _____ / (w) _____
WITNESS, IF KNOWN:	
Name _____	Address _____ Phone: (h) _____ / (w) _____
Name _____	Address _____ Phone: (h) _____ / (w) _____
STAFF ON DUTY AT THE TIME OF THE INCIDENT/INJURY:	
Name _____	Position _____ Phone: (h) _____ / (w) _____
Name _____	Position _____ Phone: (h) _____ / (w) _____
REPORT COMPLETED BY:	
Name _____	Position _____ Phone: (h) _____ / (w) _____
BRANCH CONTACT FOR ADDITIONAL INFORMATION:	
Name _____	Position _____ Phone: (h) _____ / (w) _____
Office Use Only: <input type="checkbox"/> Process Report <input type="checkbox"/> File Report Administrative Coordinator Initials _____	
Date _____	Recreation Coordinator Initials _____

