**Rotary Club of Wiarton**

**Health and Safety Incident Report Form**

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| Reported by  |       |
| Email  |       |
| Phone  |       |
| Date of Occurrence  |       Time       |
| Exact Location (Attach a diagram, if beneficial) |       |

Accident [ ]  Incident [ ]  Near Miss [ ]  Violence [ ]  Ill Health [ ]  Safety [ ]

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| What happened? Report any details that may have contributed to the incident (i.e. poor lighting). Use additional paper as necessary and attach to the form.      |

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| Describe the outcome. harm/health effects/damage      |

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| Describe corrective measures taken to address immediate hazards related to the incident.      |

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| **The affected person.** |
| Name       | Address       |
| Date of Birth       | Phone       |
| Email       |  |

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| **If a Minor** |
| Name of Parent/Guardian       |
| Phone       |
| Email       |
| Was Parent/Guardian Informed? [ ]  YES [ ]  NO |
| If not, why not? |
| Requested Permission to share Parent Contact Info with Executive for Follow Up?  [ ]  YES [ ]  NO |

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| **Witness Details** |
| Name and Contact Info  | Name and Contact Info |
|       |       |

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| **First Aid** |
| First Aid Provided: Yes[ ]  No[ ]  N/A[ ]  Time of Attendance:      By Whom:      Contact Info:      Details of Provision:       |

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| Post Incident |
| Where did the person involved in the incident go next? |
| Hospital [ ]  Home [ ]  Returned to Activity [ ]  Other       |

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| Any Additional Details?       |