**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 |

|  |  |
| --- | --- |
| **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? |