

## **Incident/Injury Report Form**

## Within 24 hours of Incident /Injury ... PLEASE complete both sides of the form and Fax to Facility Scheduling @ 490-4421 or e-mail wambola@halifax.ca General Information -Person(s) involved - PLEASE PRINT

Last Name:	First Name:	Gender: Age (up to 19 yrs):	
Address:			
Physical Location - where incident occurred - PLEASE PRINT			
Sport Facility Name:		Address of Sport Facility:	
Physical location – Describe the area on the field, in the building, etc. where the incident /injury happened:			
Date & Time of Incident - PLEASE P.	RINT		
Date of Accident/Injury:		Time of Accident/Injury:	
Date Accident/Injury Reported:		Time Accident/Injury Reported:	
Description of Incident/Injury – PLEA	ASE PRINT		
How Incident /Injury Occurred - please add sport being played:			
Injury(s) – Detail location on body and type of injury(s):			
Description of First Aid Administered:			
Damage to property; fields, buildings, etc please provide as much information as possible:			
Other:			
Ambulance called:Yes No _		Medical Aid required:YesNoUnknown N/A	
Witnesses to the Incident/Injury - PLA Name:	EASE PRINT	Phone Number:	
Name:		Phone Number:	



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Please record any additional information that you have on the Incident/Injury - PLEASE PRINT			
Form Completed By - Please PRINT information and si	en where required		
	-		
Name:E-Mail:	Signature: Telephone:		
ATTENTION: Within 24 hours of incident/i Fax to 490-4421 or E-mail: v	injury, please ensure the form is complete and wambola@halifax.ca		
For Office Use Only:			
In follow up to an incident - please describe how the incident was handled and what immediate and long term actions were taken? In addition, what are the recommendations to prevent re-occurence?			
In follow up to an injury - please indicate when and if the injured person was contacted. In addition, note any information shared during the conversation, if applicable.			
Forward completed incident report to the	ne Sport and Safety Services Manager		

Form Date: May 2012