

CANMORE SENIORS ASSOCIATION

P-06: Appendix A

INCIDENT REPORT FORM

<b>INCIDENT TYPE</b>			
<b>Bodily Injury</b> bodily injury, sickness, disease, disability, shock, mental suffering or mental injury, including death at any time	<b>YES</b> <b>NO</b> <b>(circle one)</b>	<b>Property Damage</b> physical injury to or destruction of tangible property caused by an accident including loss of use thereof at any time resulting therefrom; or (ii) loss of use of tangible property that has not been injured or physically destroyed .	<b>YES</b> <b>NO</b> <b>(circle one)</b>
<b>Date:</b>		<b>Time:</b>	
<b>Location:</b>			
<b>Persons involved:</b>			
<b>Group or activity leader:</b>			<b>N/A</b>
<b>Weather at time of incident:</b>			<b>N/A</b>
<b>Description of Incident:</b>			
<b>If injury incident, description of injury:</b>			<b>N/A</b>
<b>If on-site treatment given, description of treatment:</b>			<b>N/A</b>
<b>Treatment delivered by:</b>			<b>N/A</b>

**Recommendations to eliminate similar incidents in the future:**

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<b>Report prepared by:</b>		<b>Signature:</b>	
<b>Phone number:</b>		<b>Email address:</b>	

**REVISION LOG**

REVISION No.	DATE	APPROVED BY:	REVISION DETAILS
0	March 14 <sup>th</sup> , 2016	CSA Board	Original issue of document