

INCIDENT TYPE				
Bodily Injury bodily injury, sickness, disease, disability, shock, mental suffering or mental injury, including death at any time		YES NO (circle one)	Property Damage 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 .	YES NO (circle one)
Date:		Time:		
Location:				
Persons involved:				
CSA #'s				N/A
Witnesses: (Provide contact information)				N/A
Activity/sport:				
Group or Activity leader:				N/A
Weather at time of incident:				N/A
If injury incident, description of injury:				N/A
If on-site treatment given, description of treatment:				N/A
Treatment delivered by:				N/A

Description of Incident:

Recommendations to eliminate similar incidents in the future:

Report prepared by:		Signature:	
Phone number:		Email address:	
Officer signature:		Date:	Submit form to AMSCIS? YES NO

REVISION LOG

REVISION No.	DATE	APPROVED BY:	REVISION DETAILS
0	March 14 th , 2016	CSA Board	Original issue of document
1	June 10 th , 2019	CSA Board	Added Officer signature/date/submit form to AMSCIS boxes
2	December 10, 2019	CSA Board	Added witnesses / CSA # / Activity
3	2023	Health and safety	Update to new Policy and procedure format