MARKHAM

RECREATION SERVICES DEPARTMENT
ACCIDENT/INCIDENT REPORTING FORM
FOR INTERNAL USE ONLY

FACILITY: _____ **PROGRAM:** _____

CO-ORDINATOR OF ACTIVITY: _____

- Assault ☐
- Drugs ☐
- Facility Evacuation ☐
- First Aid Injury ☐
- Inappropriate Behaviour ☐
- Media ☐
- Missing Person ☐
- Property Damage ☐
- Theft ☐
- Other _____

Date and Hour of Occurrence
Date _____ Time _____ _____AM ☐ PM ☐

Date and Hour Reported (if different)
Date _____ Time _____ _____AM ☐ PM ☐

Area Incident Occurred: _____

Injured Persons Personal Data:
Staff: Yes ☐ No ☐ ; If yes, please also complete a Supervisor's Report of Workplace Accident or Incident Form
Last Name: _____ First Name: _____
Age: _____ Male ☐ Female ☐ Phone Number: _____
Address: _____ Apt. No.: _____
City: _____ Province: _____ Postal Code: _____
E-mail Address:

Witnesses:
Name: _____
Address: _____
City: _____ Postal Code: _____
Phone: _____
Signature: _____

Situation Reported By (if different):
Name: _____
Address: _____
City: _____ Postal Code: _____
Phone: _____
Signature: _____

Emergency Services:
Police ☐ Badge #: _____
Ambulance ☐ Reporting Officers Name: _____
Fire ☐ Time Called: _____ Time Arrived: _____
Other ☐ Hospital ☐ Name of Hospital: _____
Contacted by: Staff ☐ Participant ☐ Witness ☐ Guardian ☐ Other ☐
If more than one emergency service is contacted please ensure all badge numbers are obtained from each service.

Describe the accident/incident in detail: