

SIMCOE CURLING CLUB

INCIDENT REPORT

DATE: _____

TIME: _____

NAME OF PERSON(S) INVOLVED IN INCIDENT:

NAME OF WITNESS TO THE INCIDENT:

DESCRIPTION OF INCIDENT:

NATURE OF INJURY/ILLNESS RESULTING FROM INCIDENT:

IF APPLICABLE, DESCRIPTION OF FIRST AID RENDERED:

IF APPLICABLE, NATURE OF TRANSPORT TO HOSPITAL/OTHER LOCATION:

IF APPLICABLE, NAME AND BADGE OF POLICE/FIRE /OTHER RESPONDENT(S) TO THE INCIDENT:

DESCRIPTION OF ANY PROPERTY LOSS OR DAMAGE IN THE INCIDENT:

PROGNOSIS OR FUTURE RESULT OF THE INCIDENT:

NAME OF PERSON COMPLETING THE FORM/CONTACT INFORMATION:

FIRST AID KIT SUPPLIES USED:

PLEASE PLACE THIS COMPLETED INCIDENT REPORT IN THE ACCIDENT REPORT FILE IN THE SECRETARY'S MAIL SLOT IN THE ROOM BEHIND THE BAR.

THANK YOU!!