

INCIDENT REPORT

Date of incident: _____ Time of incident: _____

Location of incident/Event:

Person(s) involved in incident:

Witnesses (include contact info):

Description of incident: (in detail describe what occurred)

Type of injury or illness:

Body part affected: (in detail identify body part affected for example left hand index finger cut)

Condition in the area and or factors contributing to the incident (in detail describe ambient condition for example: raining wet ground, grass, scattered loose rocks. Consumption of alcohol, medications)

St. Michael's Salle d'Armes

Was first aid administered?

YES NO

Administered by:

Please describe treatment.

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Was further medical attention required?

YES NO

Medical facility/ Health care provider:

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Disposition of injured person (s)

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Review committee Finding and final disposition of incident.

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