Incident Report

| * Injury * Near miss | | |
| --- | --- | --- |
| 1. AFFECTED PERSON | | |
| Name |  | |
| Address |  | |
| Postal Code |  | |
| Contact Phone #  Contact email address |  | |
| Gender |  | |
| Age |  | |
| Status | (ie player,, official, spectator, … etc) | |
|  | | |
| 1. OCCURRENCE | | |
| Date |  | |
| Time |  | |
| Weather Conditions (if a contributing factor) |  | |
|  |  | |
|  | | |
| 1. LOCATION OF INCIDENT | | |
| Name and Address of Facility |  | |
|  |  | |
|  |  | |
|  |  | |
|  | | |
| 1. WITNESS | | |
| Name |  | |
| Phone # |  | |
| Email |  | |
| Comments |  | |
|  | | |
| 1. FIRST AID | | |
| First aid provided, if any: | | |
| Time of first aid |  | |
| By whom |  | |
| Contact Info |  | |
| Details of first aid |  | |
|  | | |
| 1. DESCRIPTION OF OCCURRENCE | | |
| What happened: *Report any details that may have contributed to the incident (trip hazards, improper lighting, footwear, etc) Include any reports/photos and attach to this form.* | | |
| Describe the outcome: harm/health effect/damage | | |
| Describe corrective measures (if any) taken to address immediate hazards related to the incident. | | |
|  | | |
| 1. POST INCIDENT | | |
| Where did the affected person go next?   * Hospital * Home * Other * Returned to activity | |  |
| Comments | | |

SUBMIT FORM

[admin@bowvalleypickleball.o](mailto:admin@bowvalleypickleball.org)rg

Hard copies to be given to the President and Secretary.