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.org

Hard copies to be given to the President and Secretary.