

Checklist For Incident Report

Facility/Location: _____ Date of Incident: _____ Time of Incident: _____ am/pm
month/day/year

Report Prepared By: _____ Title: _____ Signature: _____

Date Report Prepared: _____ Program Name: _____
month/day/year

Injured Party Information

First Name: _____ Last Name: _____ Age: _____ Sex: M / F

Address: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ ext. _____

Cell Phone: _____ Email: _____

Witness Information

First Name: _____ Last Name: _____ Age: _____ Sex: M / F

Address: _____ Postal Code: _____

Home Phone: _____ Work Phone: _____ ext. _____

Cell Phone: _____ Email: _____

Description Of Incident

Provide a detailed and factual description of the incident which resulted in the injury. Do not include assumptions or your opinion on what may have happened. Only state the facts. Use more paper if required. Ensure you note below if additional information sheets have been attached, noting the date and time and injured party's name at the top of the sheet in case they become separated.

More paper attached. Complete report below on this sheet only. Continued on back.

Emergency Services

911 called: _____ am/pm

EMS arrived: _____ am/pm

Which Emergency Services were involved?

Fire Department Police Ambulance

Fire Department Report # _____

Police Occurrence # _____

Ambulance Report # _____

Describe in detail the specific first aid treatment provided prior to the arrival of the emergency services, if called. Note any medical identification tags.

Name(s) of person who provided first aid: _____

Describe treatment provided. Specify if an AED was used and by whom:

Injured Party Action Taken

The injured party was taken or sent to:

Home Hospital Clinic Refused Treatment

Other, please specify: _____

Taken by: (Name of person) _____ Phone #: _____

Taken to: (Identify location) _____

Transported how: (ambulance, car) _____

Report Submitted To: _____

Date Submitted: _____
month/day/year

Please note that we are collecting the personal information contained in this incident report for the purpose of documenting the alleged incident in the event that any medical or legal issue(s), claim(s), and/or action(s) arise therefrom, and that, by providing your personal information, you are consenting, to the extent that your consent is required by law, to the collection, use, and disclosure of your personal information for such purpose.

While the Frank Cowan Company does its best to provide useful general information and guidance on matters of interest to its clients, statutes, regulations and the common law continually change and evolve, vary from jurisdiction to jurisdiction, and are subject to differing interpretations and opinions. The information provided by the Frank Cowan Company is not intended to replace legal or other professional advice or services. The information provided by the Frank Cowan Company herein is provided "as is" and without any warranty, either express or implied, as to its fitness, quality, accuracy, applicability or timeliness. Before taking any action, consult an appropriate professional and satisfy yourself about the fitness, accuracy, applicability or timeliness of any information or opinions contained herein. The Frank Cowan Company assumes no liability whatsoever for any errors or omissions associated with the information provided herein and furthermore assumes no liability for any decision or action taken in reliance on the information contained in these materials or for any damages, losses, costs or expenses in a way connected to it.

Next Of Kin

Were Next of Kin notified?

Yes No

Name: _____

Relationship: _____

Telephone #: _____