

VÉLOROUGE

Injury/Incident Report

Please forward to a board member once completed

Injury/Incident Type: (check one box only)	Description:
MEDICAL AID	Services provided by a health care practitioner.
FIRST AID ONLY	A minor injury and the only treatment provided was first aid on site.
NEAR MISS/INCIDENT ONLY	An incident but no injury.
PROPERTY DAMAGE	An incident that only results in property damage (vehicle, property).

A. Personal Information

Last Name	First Name
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B. Injury/Incident Date and Details

1. Date and hour of incident	dd	mm	yy	<input type="checkbox"/> AM <input type="checkbox"/> PM	2. Who was the incident/injury reported to: Name: _____ Police Badge ID's: _____
23. Type of incident/injury: (check all that apply) <input type="checkbox"/> Struck <input type="checkbox"/> Fall <input type="checkbox"/> Motor Vehicle Incident <input type="checkbox"/> Overexertion <input type="checkbox"/> Property Damage <input type="checkbox"/> Other					
4. Describe what happened to cause the incident/injury:					
5. Describe the environmental condition at the time of the incident/injury:					
6. Describe the nature of the incident/injury:					
7. Describe what first aid/ treatment was administered (if any)					
8. Location where incident/injury happened with address (if available)					
9. Witnesses or others involved in this incident/injury? <input type="checkbox"/> Yes <input type="checkbox"/> No					
			If yes, provide:		
			Name:	Contact Information:	

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10. Any further details? Yes No If yes, please ensure concerns are documented and attached to this form

C. Health Care

1. Was external health care provided? Yes No

2. Where was treatment provided? (Check all that apply)

Ambulance Emergency dept. Admitted to hospital

Other (explain):

3. Health professional or facility who provided treatment (if known):

Name

Address

Phone:

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D. Vehicle/Property

1. Did any vehicle/property contribute to the incident/injury?

Yes No

If yes, how?

Type of vehicle/property:

Comments:

E. Environmental Conditions

Did the condition of the physical surroundings (e.g. weather, road conditions) contribute to the incident/injury?

Yes No

If yes, explain:

F. Follow Up

Follow-up investigation required? (to be completed by Safety Committee)

Yes No

Form Completed by:

Name (PRINT)

Signature

Date

1.

2.