

GO Rowing & Paddling Association of Canada

115-2940 Jutland Road, Victoria, BC, V8T 5K6

INCIDENT REPORT FORM

Day: _____	Date (d/m/y): / /	Time: _____
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Parties involved in incident

- Name: _____ Phone (home) _____ (work) _____
- Name: _____ Phone (home) _____ (work) _____
- Name: _____ Phone (home) _____ (work) _____
- Name: _____ Phone (home) _____ (work) _____

<input type="checkbox"/> Behaviour	<input type="checkbox"/> Grounding	<input type="checkbox"/> Theft/Vandalism	<input type="checkbox"/> Harassment
<input type="checkbox"/> Collision	<input type="checkbox"/> Contact with debris	<input type="checkbox"/> Indecent Act	<input type="checkbox"/> Other: _____

Detailed description of incident

Police contacted: Yes No	Ambulance called: Yes No
Police case #:	First Aid administered: Yes No

Detailed description of injuries and treatment

Who administered First Aid? _____ Phone (h) _____ (w) _____

Detailed description of damage (if any)

Detailed description of action taken (if any)

Witnesses:

- Name: _____ Phone (home) _____ (work) _____
- Name: _____ Phone (home) _____ (work) _____
- Name: _____ Phone (home) _____ (work) _____
- Name: _____ Phone (home) _____ (work) _____

Weather conditions (if applicable)

Wind: _____ Temperature: _____ Waves: _____

Distribute copies to:	<input type="checkbox"/> Centre Manager	<input type="checkbox"/> GO Rowing & Paddling Assoc.	<input type="checkbox"/> Police	<input type="checkbox"/> Other: _____
Form filled out by (print)	Home phone: _____	Work phone: _____	Sign: _____	

Please use the Crisis Management On-site checklist to determine action plan.