CHSSN

Incident and Safety Report

1. Reported by:

Name:

Phone/Email:

Role/Position:

Date of Report:

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2. Primary person involved (if applicable):

Name:

Role (e.g., participant, staff, volunteer):

Additional person(s) involved or witnesses (if applicable):

Name(s) and role(s):

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3. Incident Overview:

Date of Incident:

Location:

Time of Incident:

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4. Type of Incident (check all that apply):

- ☐ Health-related (e.g., illness, medical concern)
- ☐ Fall or physical injury
- ☐ Emotional distress
- ☐ Safety concern (environmental, situational, or program-related)
- ☐ Behavioural concern
- ☐ Other:

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5. Description of Incident:

Provide a clear, factual description of what occurred (avoid interpretation)

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6. Immediate Actions Taken:

What was done at the time to support safety and wellbeing

7. Was a supervisor, coordinator, or program lead notified?

☐ Yes ☐ No

Was emergency support contacted (e.g., ambulance)?

☐ Yes ☐ No

If yes, specify:

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8. Was additional support or referral required?

☐ Yes ☐ No

If yes, specify:

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9. Contributing Factors (if known) (Check all that apply and/or describe):

☐ Environmental (e.g., space, weather, accessibility)
☐ Communication or information gaps
☐ Participant needs or health considerations
☐ Staffing or supervision levels
☐ Program design or activity-related
☐ External factors
☐ Other:

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10. Follow-Up Actions and Improvements:

What changes or adjustments could help reduce risk or improve safety moving forward

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11. Follow-Up Completed (if applicable):

Date:

Person Responsible:

Details:

Name (Print):

Signature:

Date: