

BAADS Incident / Injury Report Form

Please print clearly and tick the correct boxes, where appropriate

Quick description of incident:

1. DETAILS OF INJURED PERSON (complete a separate incident report per injured person)

Name: _____ Phone: (H) _____ (M) _____ (W) _____

Home Address: _____ Sex: ☐ M ☐ F

_____ Date of birth: _____

Email Address: _____

2. DETAILS OF INCIDENT

Date: _____ Time: _____

Location: _____

Describe what happened and how:

3. DETAILS OF WITNESSES

Name: _____ Phone: (H) ____ (M) _____ (W) _____

Home Address: _____

Email Address: _____

Location of Witness when injury occurred _____

Relationship of witness to person injured: _____

4. DETAILS OF INJURY

Nature of injury (e.g. rope burn, cut, sprain, broken bone)

Proximate cause of injury (e.g. fall, grabbed by person, hit by object)

Location on body (e.g. back, left forearm):

Narrative Description of Injury:

5. TREATMENT ADMINISTERED

911 Called: ☐ Yes ☐ No

Local first Aid given ☐ Yes ☐ No

Local first Aider name: , Phone: (M) (H) Email;:

Local Treatment:

6. EMT Personnel Involved

Agency (ambulance, fire department, police):

Name of EMT:

EMT Organization (Ambulance Company, etc.):

EMT Contact Phone (M) EMT Contact Email:

EMT Treatment:

Comments concerning EMT Personnel:

7. INCIDENT INVESTIGATION (comments to include causal factors):

8. RISK ASSESSMENT

Likelihood of recurrence: _____

Severity of outcome: _____

Level of risk: _____

Corrective Action Taken: _____

9. ACTIONS TO PREVENT RECURRENCE

Action _____	By whom _____	By when _____	Date completed _____
_____	_____	_____	_____
_____	_____	_____	_____

10 Incident Report Completed

Name: _____ Title: _____

Phone (M) _____ (H) _____

Email: _____

Additional comments of reporter: _____

Signature of Reporter: _____

Date Report Completed: _____

11. REVIEW COMMENTS

Name of Reviewer: _____

Title of Reviewer: _____

Comments of Reviewer: _____

Signature of Reviewer: _____

Date Reviewed: _____

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