



SASKATCHEWAN ATHLETICS

Saskatoon Field House
2020 College drive
Saskatoon, SK S7N 2W4
Phone: (306)664-6744 Fax:(306)664-6761
E-mail: admin@saskathletics.ca
HomePage: <http://www.saskathletics.ca>

Incident & Investigation Report

PART A – to be completed by individual(s) directly involved or injured in the incident.

Injury – complete relevant Forms

IDENTIFY – Person(s) involved

IDENTIFY – Person(s) involved		Date and		Time of Incident			
First Name	Last Name	Year	Month	Day	HH:min	<input type="checkbox"/> AM	<input type="checkbox"/> PM

Facility	Address:	Phone #:
Occupation:		

Description of Incident (Add additional pages if necessary)

State exactly the sequence of events leading to the incident, where it occurred, what the person was doing, the size, weight and type of equipment or materials involved, etc.

WITNESSES (if any)

NAME	Address	Phone #

PROPERTY DAMAGE

Identify property involved. Give machine name, tool name, etc.	Description of damage or loss	Estimated value of Loss

Completed by: _____ Date: _____

Print Name

PRINT, SIGN and Forward to Meet Director IMMEDIATELY

Signature



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Injured person was taken/sent: Home ___ Doctor ___ Hospital ___ Clinic ___ Other ___

How and by whom was injured person taken? _____

If known, name of hospital/clinic: _____

Attending Physician's Name: _____

Parent/Guardian advised: Yes ___ No ___ Date _____ Time _____

Parent/Guardian reaction to incident: _____

PART B – to be completed by Meet Director within 24 hours.

Why did it happen? (Conditions and/or actions contributing to injury/incident)

Please attach additional sheet(s) as necessary

Corrective Actions to Prevent Re-occurrence	Action by whom	Date to be completed

Investigated by: _____
Print Meet Director's Name

Title: _____

Signature (Meet Director)

Phone #: _____

Date: _____