



Risk Management & Safety Incident/Accident Report



Date of Accident _____ Location/Arena _____ Region _____

Name _____ Association _____

Address _____ City _____

Postal Code _____ Telephone: _____

This Report is to do with:

- ' Dangerous Facility
 - ' Dangerous Situation
 - ' Equipment Failure
 - ' Injury
- (Please submit any support items i.e: failed piece of equipment, diagram or photo of danger area, etc....)

If you checked "Injury", please complete the following:

Type of Injury:

- ' Bruise
- ' Cut
- ' Pull
- ' Sprain/Strain
- ' Twist
- ' Concussion
- ' Fracture
- ' Separation
- ' Tear
- ' Other (specify) _____

Area Injured:

- ' Abdomen
- ' Collar Bone
- ' Foot
- ' Leg
- ' Tailbone
- ' Ankle
- ' Elbow
- ' Hand
- ' Mouth
- ' Teeth
- ' Arm
- ' Eye
- ' Head
- ' Neck
- ' Toe(s)
- ' Back
- ' Face
- ' Hip
- ' Pelvic Area
- ' Wrist
- ' Chest
- ' Finger(s)
- ' Knee
- ' Shoulder
- ' Other _____

Party injured during: (i.e. game) _____

Party was a: (i.e. player or coach) _____

Did the injured party receive treatment? _____

Treatment given by: (i.e. trainer) _____

If so, where and when did it start? _____

Has treatment been completed? _____

If treated at hospital, party transported by: ' Ambulance ' Personal/Private Vehicle

Has injured party filed an Insurance Claim?: ' Yes ' No

Please use the space provided on the reverse of this form to give details of the injury, situation and/or dangerous facility that this report deals with. Please provide photocopies of any other reports that you feel may be pertinent including photo or diagrams of danger area, First Aid reports or medical documents.

Completed by: ' Association Rep. ' Bench Staff _____
 ' Parent ' Self (Please Print Name) (Signature) (Date)
 ' Other

REVERSE SIDE OF THIS FORM MUST ALSO BE COMPLETED

Injury Report:

Please describe events pertaining to how the party was injured: _____

Dangerous Situation Report:

Please describe the situation that has concerned you as "dangerous": _____

Equipment Failure Report:

Equipment item of concern: _____ Make/Model/#(s): _____

Please describe how this equipment failed: (If it is a "Stick through Mask" we need Helmet and Mask Model #s): _____

Is the piece of equipment enclosed? ' Yes ' No Did injury occur from failure? ' Yes ' No

Dangerous Facility Report:

Name of Facility _____ Phone: _____

Address: _____ Manager: _____

Please describe your concern for danger with this facility? _____

Was this danger reported to: ' Facility Personnel ' Local Association ' Parks & Rec. Dept.

Thank you for taking the time to complete this very important document.
Please return completed form within 2 business days to:
Ontario Ringette Association, 1185 Eglinton Avenue East, Suite 705
North York, Ontario M3C 3C6 or Fax: 416-426-7359