INCIDENT REPORT FORM

ALL INCIDENTS ARE TO BE REPORTED IMMEDIATELY AND SUBMITTED BEFORE THE END OF THE SHIFT.

This form should be completed by the Captain, Department Manager/Supervisor, or Safety Services (Niagara). All hardcopy Incident Report Forms must be submitted to the Associate Director, ISO, Training & Programs for record retention. **FILL THIS FORM OUT COMPLETELY** and with as much detail as possible after the incident has been safely resolved.

A. INCIDENT INFORMATION	
Type of Incident (Damage to Property, Environmental Release, Illness, Injury):	
Location of Incident:	**Department:**
Date of Incident:	**Time of Incident:**
Date Reported:	**Time Reported:**
Describe Exactly Where the Incident Occurred:	

B. INCIDENT DETAILS
Brief Description of Incident:
Detailed Description of Incident:

Action(s) Taken (choose all that apply):

☐ Notified Transport Canada	☐ Notified Canadian Coast Guard	☐ Notified Police
☐ Notified Landlord (NPC, Harbourfront)	☐ Notified Supervisor	☐ Contacted Third Party Responder
☐ Notified Government Agency	☐ Used Automatic External Defibrillator (AED)	☐ Provided First Aid
☐ Individual Declined First Aid	☐ Contacted Emergency Medical Services	☐ Taken to Hospital
☐ Other (Provide Description):		
☐ No Action Taken (Provide Reason):		

PLEASE COMPLETE THE APPLICABLE SECTION(S) BELOW.

C. PERSONAL INFORMATION	
Crew or Guest:	**Name(s):**
Address:	**Date of Birth:**
Phone Number:	**Gender:**

D. INJURY OR ILLNESS

Type of Injury or Illness (choose all that apply):

☐ Abdominal Pain	☐ Abrasion	☐ Amputation	☐ Animal/Insect Exposure
☐ Cardiac Arrest	☐ Chemical Burn	☐ Chest Pain	☐ Concussion
☐ Contusion/Bruise	☐ Diabetes	☐ Dislocation	☐ Electric Shock
☐ Epilepsy/Seizure	☐ Fracture	☐ Hearing Impairment	☐ Heat Stress
☐ Hypothermia/Frostbite	☐ Incision/Laceration	☐ Inflammation	☐ Loss of Consciousness
☐ Puncture	☐ Respiratory Irritation	☐ Skin Irritation	☐ Sprain/Strain
☐ Stroke	☐ Thermal Burn	☐ Vision Impairment	☐ Other

If "Other", Provide Description:

Body Part(s) Affected:

☐ Abdomen	☐ Ankle	☐ Arm	☐ Back (Upper)
☐ Back (Lower)	☐ Chest	☐ Ears	☐ Elbow
☐ Eye	☐ Foot/Toes	☐ Groin	☐ Hand/Fingers
☐ Head/Face	☐ Hip/Pelvis	☐ Internal Organs	☐ Knee
☐ Leg	☐ Lung	☐ Nervous System	☐ Reproductive System
☐ Shoulder	☐ Skin	☐ Teeth	☐ Wrist

☐ Other (Provide Description):

E. ENVIRONMENTAL RELEASE

If a third-party emergency Responder is called, provide the details:

If a Government Agency is notified, provide the name of the contact:

F. WITNESS DETAILS

Crew or Guest:	**Name and Phone Number:**
Address:	
Additional Information (if applicable):	

G. SIGNATURE

I have completed this form to the best of my ability regarding the incident at hand. I have made honest and accurate accounts to the best of my knowledge. I have not provided any false statements of information.

Report Filled Out By:	**Position:**
Signature:	**Date:**

WITNESS STATEMENT

The section below should be offered to a witness to the alleged incident. If accepted, allow the witness to complete. Attach this Witness Statement to the report.

CONTACT INFORMATION	
Name:	**Phone Number:**
Address:	
Alternative Local Number (If Not Local):	**Date Local Number is No Longer Applicable:**
Best Time to be Reached:	**Date and Time of Incident:**
Name of Injured Person:	**Relationship to Injured Person:**
Did You Personally Observe the Incident? ☐ Y ☐ N	**Relationship to City Cruises:** ☐ CREW ☐ GUEST ☐ OTHER

DESCRIPTION OF INCIDENT

Please describe the facts of the incident in as much detail as possible. Use another sheet of paper, if needed.

SIGNATURE

I have completed the form as completely and accurately as possible. To the best of my ability, I have reported the incident as accurately and completely as possible. I have not made any false statements or inaccurate statements.

Signature:	**Date/Time:**