

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 appropriate team for record retention.

Crew incidents/injuries, send completed form to Human Resources at Canadahr@cityexperiences.com.

All other incidents and near misses, send completed form to Kelly Di Lapo at kelly.dilapo@cityexperiences.com.

FILL THIS FORM OUT COMPLETELY O	and with as much detail as possible afte	r the incident has been safely resolved.		
A. INCIDENT INFORMATION				
Type of Incident (Damage to Property, Env	ironmental Release, Illness, Injury, Near Miss	s):		
Location of Incident:	Department:			
Date of Incident:	Time of Incident:	Incident Reported to (Name & Position):		
Date Reported:	Time Reported:			
Describe Exactly Where the Incident Occ	curred:			
Was this a pre-existing injury? (I.e. did t B. INCIDENT DETAILS	he injury occur at home/off-site?)	′es □ No		
Brief Description of Incident:				
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Detailed Description of Incident:				
Action(s) Taken (choose all that apply):				
□ Notified Transport Canada	□ Notified Canadian Coast Guard	□ Notified Police		
□ Notified Supervisor	□ Notified Landlord (NPC, Harbourfront) Contacted Third Party Responder		
□ Notified Government Agency	□ Used Automatic External Defibrillator (AED) Provided First Aid		
□ Individual Declined First Aid	□ Contacted Emergency Medical Servi	ces 🗆 Taken to Hospital		
□ Other (Provide Description):				
□ No Action Taken (Provide Reason):				

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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								
Category of injury or illness (cho	ose all that c	ipply):						
☐ Struck/Caught ☐ Fire/Explosion		ı □ As			ssault			
□ Overexertion □ Fall		□ Sli			Slip/Trip			
□ Repetition		□ Harmful subs	stances/environmental 🗆 Mo			lotor Vehicle Incident		
□ Other (Please specify):								
Type of Injury or Illness (choose o	ll that apply	<i>י</i>):	ı					
☐ Abdominal Pain	□ Abra	sion	☐ Amputation			□ Animal/Insect Exposure		
□ Cardiac Arrest	□ Chen	nical Burn	□ Chest Pain			☐ Concussion		
☐ Contusion/Bruise	□ Diabe	etes	□ Disl	ocation		☐ Electric Shock		
□ Epilepsy/Seizure	□ Fract	ure	☐ Hearing Impairment			☐ Heat Stress		
□ Hypothermia/Frostbite	□ Incision/Laceration		□ Infla	mmation		☐ Loss of Consciousness		
□ Puncture	□ Respiratory Irritation		□ Skin	Irritation		□ Sprain/Strain		
□ Stroke	□ Thermal Burn		□ Vision Impairment			□ Other		
If "Other", Provide Description:								
Body Part(s) Affected: (choose of	all that appl	y):						
□ Abdomen	□ Ear		Left		Right	Left		Right
□ Back (Lower)	☐ Chest			Shoulder			Hip	
□ Back (Upper)	□ Neck			Arm			Thigh	
□ Head	□ Teeth			Elbow			Knee	
□ Face	□ Lung			Forearm			Lower Leg	
□ Pelvis	□ Skin			Wrist			Ankle	
□ Groin	□ Intern	al Organs		Hand			Foot	
□ Nervous System	□ Reproductive System			Finger(s)			Toe(s)	
□ Other (Provide Description)	:							
E. ENVIRONMENTAL RELEAS								
If a third-party emergency Res	ponder is co	alled, provide the d	etails:					
If a Government Agency is notified, provide the name of the contact:								
ii a covernment Agency is notined, provide the hume of the contact.								
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F. WITNESS DETAILS			TM
Crew or Guest:	Name and	Phone Number:	
Address:	Nume une	THORE NAME OF	
Address:			
Additional Information (if applicable):			
G. HEALTH CARE			
Did the crew member receive health care for this injury? ☐ Yes ☐ No ☐ Unsure		When did you learn the crew member received health care? (dd/mm/yy)	
If yes, when?			
If known, where was the worker treated for this injur	ry?		
☐ Health professional office ☐ Clinic		□ Ambulance	Emergency Department
□ Admitted to hospital □ Other:			
H. SIGNATURE			
I have completed this form to the best of my ability best of my knowledge. I have not provided any fals	-		ide honest and accurate accounts to the
Report Filled Out By:		Position:	
Signature:		Date:	
If this involved a crew injury, please send completed	d report to Hu	ıman Resources immediately	at <u>Canadahr@cityexperiences.com</u>
If this involved property damage or other incidents,	please send	completed report to Kelly Di L	apo at Kelly.dilapo@cityexperiences.com



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?	Relationship to City Cruises:		
DESCRIPTION OF INCIDENT			
Please describe the facts of the incident in as much detail as possible.	Jse 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:		

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