

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 <u>Canadahr@cityexperiences.com</u>.

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

FILL THIS FORM OUT COMPLETELY and with as much detail as possible after the incident has been safely resolved.

Type of Incident (Damage to Property, Environmental Release, Illness, Injury, Near Miss):							
Location of Incident:	1	Department:					
Date of Incident:	-	Time of Incident:		Incident Reported to (Name & Position):			
Date Reported:	-	Time Reported:					
Describe Exactly Where the Incident Occurred:							
Was this a pre-existing injury? (I.e. did the injury occur at home/off-site?) 🛛 Yes 🖓 No							
B. INCIDENT DETAILS							
Brief Description of Incident:							
Detailed Description of Incidents							
Detailed Description of Incident:							
Action(s) Taken (choose all that apply):							
🗆 Notified Transport Canada	🗆 Notifie	ed Canadian Coast Guard		Notified Police			
Notified Supervisor	🗆 Notifie	ed Landlord (NPC, Harbourf	ront)	Contacted Third Party Responder			
Notified Government Agency	Used A	AutomaticExternalDefibrillo	itor (AED)	🗆 Provided First Aid			
🗆 Individual Declined First Aid	🗆 Conto	acted Emergency Medical S	Services	🗆 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			1					
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							
Struck/Caught		□ Fire/Explosion	A 🗆			Assault		
Overexertion Fall						ɔ/Trip		
		Harmful subst	ances/environmental 🛛 Mot			or Vehic	le Incident	
Other (Please specify):								
Type of Injury or Illness (choose of	all that appl	y):	1					
Abdominal Pain	🗆 Abra	sion	🗆 Amp	outation		🗆 Ani	mal/Insect Expos	ure
Cardiac Arrest	Cher	nical Burn	🗆 Che	st Pain			ncussion	
Contusion/Bruise	🗆 Diab	etes	🗆 Dislo	ocation			ctric Shock	
Epilepsy/Seizure	🗆 Fract	ture	🗆 Hea	ring Impairment		🗆 Heo	at Stress	
Hypothermia/Frostbite	🗆 Incisi	□ Incision/Laceration		mmation		Loss of Consciousness		
Puncture	🗆 Resp	Respiratory Irritation		ritation		🗆 Sprain/Strain		
Stroke	Stroke 🛛 Thermal Burn		🗆 Vision Impairment			🛛 Other		
If "Other", Provide Description:								
Body Part(s) Affected: (choose	all that app	ly):	T			1		
🗆 Abdomen	🗆 Ear		Left		Right	Left		Right
🗆 Back (Lower)	🗆 Ches	st		Shoulder			Нір	
🗆 Back (Upper)	🗆 Neck			Arm			Thigh	
🗆 Head	🗆 Teetl	า		Elbow			Knee	
🗆 Face	🗆 Lung			Forearm			Lower Leg	
Pelvis	🗆 Skin			Wrist			Ankle	
🗆 Groin	🗆 Interr	nal Organs		Hand			Foot	
🗆 Nervous System	🗆 Repr	oductive System		Finger(s)			Toe(s)	
Other (Provide Description):							
E. ENVIRONMENTAL RELEAS	E							
If a third-party emergency Res	ponder is c	alled, provide the c	letails:					
If a Government Agency is notified, provide the name of the contact:								
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F. WITNESS DETAILS					
Crew or Guest:	Name and Phone Number:				
Address:					
Additional Information (if applicable):					
G. HEALTH CARE					
Did the crew member receive health care for this injury? Yes No Unsure If yes, when?		When did you learn the crew member received health care? (dd/mm/yy)			
If known, where was the worker treated for this inju	ry?				
 Health professional office Admitted to hospital Other: 		Ambulance	Emergency Department		
H. 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:			
If this involved a crew injury, please send completed report to Human Resources immediately at <u>Canadahr@cityexperiences.com</u>					
If this involved property damage or other incidents, please send completed report to Kelly Di Lapo at Kelly.dilapo@cityexperiences.com					

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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? 🛛 Yes 🔹 No	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:				

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