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 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, Near Miss):		
Location of Incident:	**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 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 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

Category of injury or illness (choose all that apply):

Struck/Caught	Fire/Explosion	Assault
Overexertion	Fall	Slip/Trip
Repetition	Harmful substances/environmental	Motor Vehicle Incident

Other (Please specify):

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: (choose all that apply):

		Left	Right	Left	Right
Abdomen	Ear				
Back (Lower)	Chest	Shoulder		Hip	
Back (Upper)	Neck	Arm		Thigh	
Head	Teeth	Elbow		Knee	
Face	Lung	Forearm		Lower Leg	
Pelvis	Skin	Wrist		Ankle	
Groin	Internal Organs	Hand		Foot	
Nervous System	Reproductive System	Finger(s)		Toe(s)	

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. 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 injury? Health professional office Clinic Ambulance Emergency Department Admitted to hospital Other:	

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 Canadahr@cityexperiences.com

If this involved property damage or other incidents, please send completed report to Kelly Di Lapo 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? **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:**