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 injuries/illnesses, send completed form to Human Resources at Canadahr@hornblower.com.

All other crew incidents, guest injuries, property damage and near misses, send completed form to Kelly Di Lapo at kelly.dilapo@hornblower.com.

FILL THIS FORM 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@hornblower.com

If this involved property damage or other incidents, please send completed report to Kelly Di Lapo at Kelly.dilapo@hornblower.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:**