



Risk Management & Safety Incident/Accident Report



Date of Accident: _____ Location/Arena: _____ Age: R N P T J B O

Name: _____ Team: _____

Address: _____ City: _____

Postal Code: _____ Telephone: _____ Level: AA A B C Rec

This Report is to do with:

- Dangerous Facility Dangerous Situation Equipment Failure Injury

(Please submit any support items i.e: failed piece of equipment, diagram or photo of danger area, etc....)

If you checked "Injury", please complete the following:

Type of Injury:

- Bruise Cut Pull Sprain/Strain Twist
- Concussion Fracture Separation Tear Other (specify) _____

Area Injured:

- Abdomen Collar Bone Foot Leg Tailbone
- Ankle Elbow Hand Mouth Teeth
- Arm Eye Head Neck Toe(s)
- Back Face Hip Pelvic Area Wrist
- Chest Finger(s) Knee Shoulder Other _____

Party injured during: (i.e. game) _____

Party was a: (i.e. player/coach/official) _____

Did the injured party receive treatment? _____

If so, where and when did it start? _____

Treatment given by: (i.e. trainer) _____

Has treatment been completed? _____

Party was wearing the following equipment when injured:

- Helmet/Facial Protector
- Gloves Knee and Shin Pads
- Elbow Pads Neck Protector
- Shoulder Pads Hip/Tailbone Protector
- Pelvic Protection Goalkeeper's Mask
- Throat Protector
- Goalkeeper's Pads
- Goalkeeper's Catching Glove
- Goalkeeper's Chest Protector
- Goalkeeper's Blocker

If treated at hospital, party transported by: Ambulance Personal/Private Vehicle

Has injured party filed an Insurance Claim?: Yes No

Please use the space provided on the reverse of this form to give details of the injury, situation and/or dangerous facility that this report deals with. Please provide photocopies of any other reports that you feel may be pertinent including photo or diagrams of danger area, First Aid reports or medical documents.

Completed by: Association Rep. Bench Staff _____

Parent Self (Please Print Name) (Signature) (Date)

Other

REVERSE SIDE OF THIS FORM MUST ALSO BE COMPLETED

Injury Report:

Please describe events pertaining to how the party was injured: _____

Dangerous Situation Report:

Please describe the situation that has concerned you as "dangerous": _____

Equipment Failure Report:

Equipment item of concern: _____ Make/Model/#(s): _____

Please describe how this equipment failed: (If it is a "Stick through Mask" we need Helmet and Mask Model #s): _____

Is the piece of equipment enclosed? Yes No Did injury occur from failure? Yes No

Dangerous Facility Report:

Name of Facility _____ Phone: _____

Address: _____ Manager: _____

Please describe your concern for danger with this facility? _____

Was this danger reported to: Facility Personnel Local Association Parks & Rec. Dept.

Thank you for taking the time to complete this very important document.

Please return completed form within 2 business days to:

Ontario Ringette Association, 3 Concorde Gate, Suite 207

Toronto, Ontario M3C 3N7 or Fax: 416-426-7359