Appendix B Scouts Canada – Camp Wilabosca Health and Safety Incident Report Form

Group		
Date:	Time:	Location:
Reported by:		
Contact informati	on:	
☐ Accident ☐	Incident \square Near Mis	ss \square Violence \square Ill Health \square Safety
poor lighting, trip	hazard).	t may have contributed to the incident (ie.
	ome: harm/health effe	ects/damage
Contact informati	on:	
Witness Details: Nan	ne	
Con	tact Information	

First Aid: Time: _____ First Aid provided: Yes No NA By whom: Contact Information: Details of Provision: Post Incident: Where did the person involved in the incident go next? \square To the hospital \square Doctors \square Home □ Other _____ Hand a copy of this form to the camp booking person when returning the camp key. Preventative action taken post incident: **Additional Notes:**