

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

Group \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

Reported by: \_\_\_\_\_

Contact information: \_\_\_\_\_

Accident    Incident    Near Miss    Violence    Ill Health    Safety

What happened? Report any details that may have contributed to the incident (ie. poor lighting, trip hazard).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the outcome: harm/health effects/damage

\_\_\_\_\_  
\_\_\_\_\_

Describe action taken:

\_\_\_\_\_  
\_\_\_\_\_

Name of affected Person: \_\_\_\_\_

Contact information: \_\_\_\_\_

Witness Details:

Name \_\_\_\_\_

Contact Information \_\_\_\_\_

