

BCSSA Incident Report Form

This form is to be used to report all incidents or near misses, and to document the investigation into the incident by the Coach of the person(s) involved &/or a Club Executive Member.

Please complete this form within 24hours. The completed form must be faxed to the Regional Director and BCSSA Provincial Office within five (5) business days.

Date of Incident: _____ Date Reported: _____
Time of Incident: _____ Time Reported: _____
Specific Location: _____
Name of Individual(s) Involved: _____

Date of Birth of Individual(s) involved if minor(s) (under 19years): _____

Reporter Name: _____
Phone Number(s): _____
Position: _____ Club Name: _____

Witness(es) Name(s) _____
Witness(es) Name(s) _____
Witness Phone Number(s): _____
Witness Phone Number(s): _____
Incident Description (Reporter):

Incident Description (Witness account, if available): *Make note if separate statements are attached.*

Corrective Action Taken:

Signature of Reporter: _____
Signature of Witness(es): _____
Signature of Witness(es): _____

The following section must be completed by the Club President (or alternate) upon investigation.

Probable cause or causes of Incident or near miss:

Prevention of Incident or near miss recurrence

Describe what action is planned or has been taken to prevent a recurrence of the incident, based on the key contributing factors:

Immediate action:

Long term action:

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AUTHORIZATION (ALL SIGNATURES ARE REQUIRED)

<p>Person involved in the incident (Parent or Guardian if child is a minor) Name (please print): Signature: Date:</p>	<p>Witness: Name (please print): Signature: Date:</p>
<p>Witness: Name (please print): Signature: Date:</p>	<p>Club President: Name (please print): Signature: Date:</p>

OFFICE USE ONLY

Received:	Review date:	Follow up:
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