## **Risk Management & Safety Incident/Accident Report**

Date	Location/Arena		Region	
Name		Age	ge Association	
Address		City:		
Postal Code Telephone: I		: Res	sBus	
This Report is to do				
' Dangerous Facility	_			
(Please submit any su	pport items i.e: failed pied	e of equipment,	diagram or photo of D	Danger area, etc)
If you abadred "Init	um'' nloogo complete th	a fallowing.		
•	ury", please complete th	e following:		
Type of Injury: ' Bruise	' Contusion	' Cut	' Sprair	
' Twist	' Strain	' Pull	' Tear	1
' Separation	' Fracture	' Unconsci	ous Other	
Area Injured:				
' Head	' Face	' Eye	' Moutl	h/Teeth
' Neck	' Shoulder	' Upper Aı		
' Lower Arm	' Wrist	' Hand	' Finge	
' Upper Back	' Chest	' Lower Ba	_	
' Pelvic Area	' Tailbone	' Thigh	' Knee	inen
' Calf	' Ankle	' Foot	' Toe(s)	)
' Other		1000	100(5)	,
Party injured during	: ' League Game	' Exhibition	n Game ' Tourn	ament Game
, ,	' Practice	' Other:		
Party was a:	' Player	' On Ice C		n Staff
·	' Spectator	' Other:		
Treatment given by:	•	' Parent		ulance/Paramedic
	' First Aid Staff	' Hospital/	Clinic ' Famil	y Physician
Treatment began:	' Immediately	' Within T		•
· ·	' Next Day	' Later:		•
Treatment complete	•	' Within T	he Hour ' Same	Day
1	' Next Day	' Later_		nent Is Still Ongoing
If treated at hospital, party transported by:		' Ambulan		nal/Private Vehicle
Has injured party filed an Insurance Claim?:			' No	
J. 1. 1				
report deals with. Please pr	ided on the reverse of this form rovide <u>photocopies</u> of any other			
area, First Aid reports or m		D 1 G, cc		
· · ·	<del>-</del>		h Staff (Please Print Name) (Signature)	
	earem	.3011	Elease Print Name i	CNIONATHE

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.
Dangerous Situation Report:	
Please describe the situation that has concerned you as "danger	rous":
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 He	elmet <u>and</u> Mask Model #s):
Is the piece of equipment enclosed? 'Yes, 'No Did injury	occur from failure? ' Yes, ' No
Injury Report:	
Please describe events pertaining to how the party was injured:	

Thank you for taking the time to complete this very important document. Please return completed form to: Ontario Ringette Association, 1185 Eglinton Avenue East, Suite 705, North York, Ontario M3C 3C6 (or Fax 416-426-7359)