

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 "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

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)