Food Skills for Families: *INCIDENT REPORT*

1. **Please fill out within 4 hours of an incident.**
2. **This form must be forwarded to the Food Skills for Families Program Manager within 24 hours if the incident is considered serious, or within 5 working days if minor.**

Report Date	Incident Date
Incident Time	Incident Location
Name of Community Facilitator/Master Trainer	
Name of Participant(s) involved in incident	

A. Nature of Incident

- ☐ Physical injury
- ☐ Chemical exposure
- ☐ Falls, slips or tripping
- ☐ Lifting
- ☐ Abuse or Threat
- ☐ Personal property theft
- ☐ Medical emergency
- ☐ Other: ______________________

B. Type of Injury

- ☐ Cut or abrasion
- ☐ Contusion, sprain or strain
- ☐ Burn
- ☐ Fracture or dislocation
- ☐ Other: ______________________

C. Follow-Up

- ☐ None
- ☐ First aid
- ☐ Doctor
- ☐ Other: ______________________

Report to Police:

Police Notified	Yes ☐ No ☐
Police Report Number	
Police Report Date	
Charges Laid	Yes ☐ No ☐

People contacted as a result of the incident:

Name	Position	Phone Number	Address

Witnesses:

Name	Position	Phone Number	Address

F. Details of the incident: (use additional sheets of paper if required)

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G. Action taken:

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Signature:______________________________ Date:____________________________

To be completed by BCCDC

Completed by Food Skills Program Manager

Comments / Recommendations:

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Follow-up required: Yes ☐ No ☐

Name: ___

Position: ___

Date: ___

Completed by Operations Manager and/or Director

Comments / Recommendations:

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Follow-up required: Yes ☐ No ☐

Name: ___

Date: ___

Additional Follow-Up Notes

Names of Individual(s) to Follow-up: ___ Date: ___

Comments / Recommendations:

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