

## 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

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- |   |  |
|---|--|
| <input type="checkbox"/> Physical injury          | <input type="checkbox"/> Abuse or Threat         |
| <input type="checkbox"/> Chemical exposure        | <input type="checkbox"/> Personal property theft |
| <input type="checkbox"/> Falls, slips or tripping | <input type="checkbox"/> Medical emergency       |
| <input type="checkbox"/> Lifting                  | <input type="checkbox"/> Other: _____            |

### B. Type of Injury

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- |  |  |
|--|--|
| <input type="checkbox"/> Cut or abrasion             | <input type="checkbox"/> Fracture or dislocation |
| <input type="checkbox"/> Contusion, sprain or strain | <input type="checkbox"/> Other: _____            |
| <input type="checkbox"/> Burn                        |  |

### C. Follow-Up

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- |                                    |                                       |
|------------------------------------|---------------------------------------|
| <input type="checkbox"/> None      | <input type="checkbox"/> Doctor       |
| <input type="checkbox"/> First aid | <input type="checkbox"/> Other: _____ |

### Report to Police:

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|                      |                              |                             |
|----------------------|------------------------------|-----------------------------|
| Police Notified      | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Police Report Number |                              |                             |
| Police Report Date   |                              |                             |
| Charges Laid         | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**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: \_\_\_\_\_

**I. Management Section**

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**1. Completed by Operations Director**

Comments / Recommendations:

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Follow-up required: Yes  No

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

**2. Completed by Program Manager**

Comments / Recommendations:

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Follow-up required: Yes  No

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_