Parks & Open Spaces



Facility

Sportsfield

Aquatic

Location Name:														
Civic address:														
First Name: Last Name:								Phone number:						
Address:				Gender										
Age	0-5	6-12	13-	·17	18-24		25-34	35-44	45—54	1 55-64	65+			
Parent/ Guardian Name:				Phone number:										
Date of incident:				Time:										
Date incident reported:														
Physical location - describe the area on the field, in the building, etc. Where the accident happened														
For Aquati	cs only:	# of lifeguards	s on d	duty du	ıring incident	t # swimmer in water du			luring incident					
Registered Program Participant:				Yes No			Parent/Guardian Notified:			Yes	No			
Parent/Guardian follow up required:				Yes	N	)	Ву и	whom?						
Description of incident – How incident				occurr	ed.	In	jury:	Yes	No					
If an injury o	If an injury occurred, describe including first aid administered:								Ambulance called: Yes No					
							Called by:							
							Arrival Time:							
Ambulance Waiver														
I refuse to be transported by an ambulance for myself or my minor child/ward and hereby for myself/minor heirs, executors and administrator fully release and discharge the Halifax Regional Municipality and its officers, child/ward														
agents, servants and employees from any and all claims for damages I or my minor child/ward may have.														
Signature:						Di	ate:							
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Arenas/Outdoor Rink

Observations (general observations ie. footwear/drunk/under the influence)									
Mitigation and Prevention: Describe how incident/accident was handled:									
Actions taken to prevent reoccurrence:									
Damage to Property: Yes No 311 called to report any damages/defects: Yes No									
If yes, repairs required:									
Witness to Incident: Yes No									
Name:		Phone:							
Form completed by: Staff	Super	visor							
Staff	Signature	Phone							
Supervisor	Signature	Phone							
Superintendent/Area Coordinator/M3 Mgr:	Signature	Phone							
If Staff, Supervisor Notified? Yes No									
Incidents must be reported to Supervisory staff for signature and follow up and to <a href="mailto:publicincidents@halifax.ca">publicincidents@halifax.ca</a> .  All reports must be forwarded to the HRM Risk Management division by faxing: 902.490.7413 or email <a href="mailto:riskins@halifax.ca">riskins@halifax.ca</a> .									