

1. Person Involved: Volunteer Employee

Last name: _____ First name: _____ Gender: _____

Department/Committee and position: _____

On day of incident - scheduled from: _____ a.m. p.m. To: _____ a.m. p.m.

2. Medical Information:

Were you injured: Yes No **What are your injuries?** _____

Was On-site medical attention provided? Yes No

Returned to duties **Sent to hospital/clinic** **Sent home**

3. Incident Information:

Location of incident: _____ Date _____

of incident: _____ Time of incident: _____ a.m. p.m.

Did this condition developed over time
When was the incident reported to your supervisor?

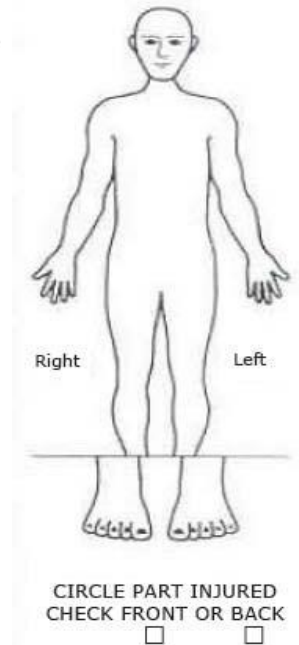
Date: _____ Time: _____ a.m. p.m.

Supervisor's name (please print): _____

Witness No. 1 name: _____ Witness No. 2 name: _____

Describe what happened: (specific details) - continue on Page 2 if required.

What tools/chemicals/equipment was being used:



Signature of Volunteer/Member Involved: _____ **Date:** _____

4. Supervisor Initial Information:

Was the worker's action, at the time of the incident, for the purpose of Calgary Stampede business? Yes No

Was the action part of the worker's regular duties? Yes No

Describe what contributed to the incident and explain the control measures you have put in place.

Continue on page 2 if required.

Supervisor (Print & Sign): _____ **Local No.:** _____ **Date:** _____

Email completed and signed statement to causesafety@calgarystampede.com within 24 hours of incident.

