RiskIntel...

Incident Report Form

It is critical that incidents involving occupants, patrons, and visitors on your premises be documented in an incident report form. Doing so allows your business to investigate the cause of the incident and take corrective action to prevent such an incident from occurring again in the future. Notify your insurer of a possible claim and ensure you report the name and position of the person to whom you reported the claim.

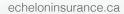
This report form should be retained on file as long as necessary, usually a minimum of two years, to assist in defence against potential claims. Incident report forms should be organized and stored in an electronic database that is backed up at regular intervals.

Administrative Details

Date of report Street address City Province Postal code Pos	Facility name						
Title Phone number Phone numbe	Date of report						
Insurance Information (Office use only	Street address		City	Provinc	e Postal	code	
Insurance Information (Office use only Policy number	Completed by			Title			
Insurance company Policy number	Email address			Phone	number		
Insurance company Policy number				notion (or			
Incident Information			insurance inform	1	ıy		
Date of incident Location Indoors Outdoors Type of incident Bodily injury to others Property damaged of others Incident description Indoor conditions Property damaged of others	Insurance company			Policy number			
Date of incident Location Indoors Outdoors Type of incident Bodily injury to others Property damaged of others Incident description Indoor conditions Property damaged of others							
Date of incident Location Indoors Outdoors Type of incident Bodily injury to others Property damaged of others Incident description Indoor conditions Property damaged of others			Incident	Information			
Incident description Indoor conditions Nequired if the incident took place indoors* Nequired if the incident took place outdoors* Nequired if the incident took place	Date of incident						
Indoor conditions	Location			Type of incident			
Required if the incident took place outdoors Required if the incident took place outdoors*	Incident description						
Quality of lighting Average Excellent Weather Snow Sleet Flooring type Carpet Concrete Wood Tile Wood Other - specify: O							
Flooring type							
Flooring conditions Wet	Quality of lighting	□ Average		Weather	□ Snow	☐ Sleet	
Damaged Other - specify: Surface conditions Other - specify: Emergency medical services contacted Yes No *If Yes, provide required information below Officer name Phone number		☐ Average ☐ Excellent ☐ Carpet ☐ Tile			☐ Snow ☐ Other - specify: ☐ Bright ☐ Clear	☐ Sleet ☐ Dark ☐ Fog	
Police services contacted	Flooring type	□ Average □ Excellent □ Carpet □ Tile □ Other - specify: □ Wet □ Dry		Visibility	☐ Snow ☐ Other - specify: ☐ Bright ☐ Clear ☐ Other - specify: ☐ Concrete or Asphalt ☐ Aggregate	☐ Sleet ☐ Dark ☐ Fog ☐ Grass	
Officer name Phone number	Flooring type	□ Average □ Excellent □ Carpet □ Tile □ Other - specify: □ Wet □ Dry □ Worn □ Damaged	□ Wood	Visibility Surface type	□ Snow □ Other - specify: □ Bright □ Clear □ Other - specify: □ Concrete or Asphalt □ Aggregate (i.e. gravel, etc.) □ Dry □ Ice	☐ Sleet ☐ Dark ☐ Fog ☐ Grass ☐ Other - specify: ☐ Wet	
	Flooring type Flooring conditions	□ Average □ Excellent □ Carpet □ Tile □ Other - specify: □ Wet □ Dry □ Worn □ Damaged □ Other - specify:	□ Wood	Visibility Surface type	□ Snow □ Other - specify: □ Bright □ Clear □ Other - specify: □ Concrete or Asphalt □ Aggregate (i.e. gravel, etc.) □ Dry □ Ice	☐ Sleet ☐ Dark ☐ Fog ☐ Grass ☐ Other - specify: ☐ Wet	
Badge number Detachment	Flooring type Flooring conditions Emergency medical s	□ Average □ Excellent □ Carpet □ Tile □ Other - specify: □ Wet □ Dry □ Worn □ Damaged □ Other - specify:	□ Wood	Visibility Surface type Surface conditions	□ Snow □ Other - specify: □ Bright □ Clear □ Other - specify: □ Concrete or Asphalt □ Aggregate (i.e. gravel, etc.) □ Dry □ Ice □ Other - specify:	☐ Sleet ☐ Dark ☐ Fog ☐ Grass ☐ Other - specify: ☐ Wet ☐ Snow	
	Flooring type Flooring conditions Emergency medical s Police services conta	□ Average □ Excellent □ Carpet □ Tile □ Other - specify: □ Wet □ Dry □ Worn □ Damaged □ Other - specify:	□ Wood	Visibility Surface type Surface conditions *If Yes, provide requ	□ Snow □ Other - specify: □ Bright □ Clear □ Other - specify: □ Concrete or Asphalt □ Aggregate (i.e. gravel, etc.) □ Dry □ Ice □ Other - specify:	☐ Sleet ☐ Dark ☐ Fog ☐ Grass ☐ Other - specify: ☐ Wet ☐ Snow	

		Injured	Parties (If applicable)			
Name			Date of birth			
Address			Phone number			
Injury description			Fatality	☐ Yes	□No	
Initial treatment			Hospital treatment			
Performed	□ Yes	□ No	Transportation method			
Performed by		·	Hospital name			
Treatment details			Time of arrival			
	Da	maged Prop	erty of Others (If applica	able)		
Owner of damaged pro	pperty					
Address						
Phone number						
Description of damage	d property					
			Witnesses			
			Witnesses			
Witness #1			Witness #2			
Name			Name			
Address			Address			
Phone number			Phone number			
Email address			Email address			
		Addition	al Details (If applicable)			
l loo this area to door						
			ses as it relates to slip, trip, and any follow-up actions that a		as notable	
		Cor	rective Actions			
Use this area to descri were implemented.	be corrective actions	s taken to preve	nt reoccurrence of similar inci	ident, including dates in	n which they	

Page 2 of 2



This form is provided by Echelon Insurance to assist commercial enterprises in collecting information and documenting incidents that may lead to property and liability risk exposure. While we believe this form is comprehensive, it is provided "as is" and we do not guarantee it is complete. All responsibility and risk relating to specific incidents, including use of this form, are assumed by the commercial enterprise.

