

Please note that this sheet can be applied to all CCFMS-affiliated club events and activities.

Field Trip and Lapidary Workshop Kits – Health & Safety Sheet

Accident / Incident Report sheet

English version – dated November 20, 2023



**For field trip and lapidary workshop leaders, please conduct a follow up of the accident / incident within 48 hours of the accident / incident. Thank you. Additionally, please keep original file on file in your club records.**

**CONFIDENTIAL**

Date \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

**Name** of individual / minor child \_\_\_\_\_

Age \_\_\_\_\_ Gender: Male or Female (circle one)

If applicable:

Name of parent/guardian \_\_\_\_\_

Address \_\_\_\_\_

City & postal code \_\_\_\_\_

phone (home / cell) \_\_\_\_\_

email address \_\_\_\_\_

**Nature of accident / incident** (such as Bob slipped and fell and twisted his left ankle while walking)

\_\_\_\_\_

Any additional information specific and/or relevant to this accident / incident.

\_\_\_\_\_

**First Aid or Medical attention provided?** Yes or No (circle one)

(such as ice pack placed on left ankle, Bob rested for about an hour, and was taken home by his wife)

\_\_\_\_\_

**If 911 / emergency services were called,**

time called \_\_\_\_\_ time arrived on scene \_\_\_\_\_ Unit# \_\_\_\_\_

Was the individual taken to hospital? Yes or No (circle one)

If yes, please provide name and location of hospital

\_\_\_\_\_

**Was there any property damage?** Yes or No (circle one)

Describe the extent of the property damage

\_\_\_\_\_

Was the property damage reported to the property owner? Yes or No (circle one)

To whom was the damage reported to and when?

\_\_\_\_\_

Field Trip / Lapidary Workshop **leader name & signature** \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

**Follow up report** (please complete within 48 hrs of accident / incident)

\_\_\_\_\_