

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 **CONFIDENTIAL**



English version – approved at the 2023 AGM – dated Nov 2023

**For field trip, lapidary workshop, and any event 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.**

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)

\_\_\_\_\_

\_\_\_\_\_