

Fanny Bay Community Association (FBCA)

Accident / Incident Report

Sections A, B & C to be completed by injured party, complainant, or witness. When complete, please provide to an FBCA Board member within 24 HOURS (contact info on FBCA website or in Flyer).

Section A: General information		
Injured Party / Complainant: Full Name, Home Address & Contact Phone Number		
Witness(es): Name(s) & Contact Phone Numbers		
SECTION B: Description of the event		
<input type="checkbox"/> Incident <input type="checkbox"/> Illness/Allergy <input type="checkbox"/> Accident <input type="checkbox"/> Near miss <input type="checkbox"/> Violence <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Other misconduct <input type="checkbox"/> Property damage		
When	Date & Time of event	
Where	Indoors (which room?)	On grounds (what area?)
What happened? (Description of the event and how it occurred. Be as specific as possible. Attach photos if available and additional sheets of information if necessary)		
Were there physical injuries to the person(s) involved? (Description of injuries)		
Was medical treatment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused treatment If yes, where was the treatment provided? <input type="checkbox"/> On site <input type="checkbox"/> Hospital emergency room <input type="checkbox"/> Other (specify) If yes, by whom?		
Was there damage to equipment or property? (Description)		
Were Police / Fire / Ambulance called? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, provide details)		
What factors contributed to the event? (List)		
How could the event have been avoided?		
Signature of Injured Party / Complainant		Date
Section C: If form completed by someone other than the injured party/complainant, please fill out the following:		
Form completed by: (print)		Phone number
Signature	Date	Relationship to injured party/complainant

Continued on reverse

Sections D to be completed by an FBCA Board member. Within 24 HOURS of receipt by a Board member, the form MUST be forwarded to the FBCA Executive Committee to complete Sections E,F & G and work towards a satisfactory resolution.

Section D: Receipt Information

Name & Position of Board member who received completed form	Date/Time
If there was a delay in receiving the form from the injured person/complainant, list reason(s)	

Section E: Board Executive Committee Review

Name & Position of Board Executive who received the form	Date/Time				
Action(s)	<table border="1"> <tr> <th>Initiated</th> <th>Completed</th> </tr> <tr> <td></td> <td></td> </tr> </table>	Initiated	Completed		
Initiated	Completed				

Section F: Preventive Measures

Confirmed root causes of event (list)	
Corrective actions / procedural changes being taken to prevent recurrence (list)	Date each completed

Section G: Final review and closure by Board

Date ALL corrective actions & procedural changes completed, reviewed by full Board, and communicated to pertinent people. Final Comments:
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Report to be filed in FBCA Archives for 5 years after final review by Board