

INCIDENT REPORT FORM

CJ's SKATEPARK

560 Hensall Circle, Mississauga, ON, Canada L5A1Y1 905.272.6888 www.CJsSKATEPARK.com

DATE OF INCIDENT		TIME OF INCIDENTAM PM				
DAY / MONTH / YEAR		HOUR : MINUTE				
NAME OF PERSON COMPLETING REPORT		DATE REPORT COMPLETED DAY / MONTH / YEAR				
NAME(S) OF STAFF ON DUTY AT TIME OF INCIDENT		<u> </u>		7 7010	JIVIII / TEAN	
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NAME OF INJURED PARTY		DATE OF BIRTH	DATE OF BIRTH			
		AGE	DA	DAY / MONTH / YEAR		
HOME ADDRESS						
STREET		CITY	Qu		DDOVINCE	
POSTAL CODE TELEPHONE		CITY			PROVINCE	
POSIAL CODE	HOME		CELL			
INCIDENT - OBJECTIVE DESCRIPTION OF EVENTS						
INJURY - SIGNS AND SYMPTOMS						
INJURY - TREATMENT AND/OR FIRST AID APPLIED						
NAME OF WITNESS		DATE OF BIRTH				
		AGE	DA	Y / MO	ONTH / YEAR	
HOME ADDRESS					,	
STREET		CITY			PROVINCE	
POSTAL CODE	TELEPHONE					
LIOME			CELL			
REQUIRED FOR INCIDENT INVESTIGATION		CELL IMMEDIATELY CONTACT:				
Witness statements.		Jay Mandarino				
Photographs of the incident site.		President & CEO				
Diagram of the incident site.		T. 905.272.6888 C. 416.571.4843				
Notify Police (serious injury or fatality) Notify Workers Compensation - for EMPLOYEES only.		EMAIL THIS REPORT TO:				
inothly workers compensation - for El	Jay@cjgraphics.com					