



Survivors Abreast Peterborough Inc.

Incident Report - Major Please Print Clearly

Date of Incident _____ Time of Incident _____ a.m. p.m.

Name (and age if relevant) of person(s) involved:

Location where incident occurred: _____

Contact Information of person involved: (use a separate form for each person involved)

Address:

Telephone # _____ Email Address _____

Describe what happened:

Describe what action (if any) was taken in response to this incident and by who:

Name of witness (es) to the incident, if applicable



Survivors Abreast Peterborough Inc.

Witness Contact Information: (list additional witness contact information on the back of this form)

Name:

Address:

Telephone #

Email Address

Was an emergency contact person notified of the incident?

Yes No

If yes, name of person(s) contacted:

Date and time of contact:

at

a.m

p.m

Add additional information as necessary on reverse side.

Name of person completing this part of the report

Signature of person completing this part of the report

Title of person completing this part of the report

Date completed

~~_____
Signature of Safety and Security Chair (if applicable)~~

~~_____
Signature of Festival Chair or~~ Survivors Abreast President



Survivors Abreast Peterborough Inc.

Recommendations and corrective actions to be taken. Include timing and who will take specific actions. (to be completed by the PDBF safety and Security Committee and submitted to the PDBF Executive committee or SA Board of Directors)

Name of person completing this part of the report

Signature of person completing this part of the report

Title of person completing this part of the report

Date completed

~~Signature of Safety and Security Chair (if applicable)~~

~~Signature of Festival Chair or~~ Survivors Abreast President