



4-H in Canada – Incident Reporting

Please provide a detailed narrative of the incident including, but not limited to, the sequence of events, who was involved, and timing. Describe the activities, weather, and terrain if appropriate. Avoid subjective interpretations and only state the facts. Add additional details about the incident or those involved on a separate piece of paper.

Incident

Incident related to: <input type="checkbox"/> Adult Leader/Volunteer <input type="checkbox"/> Family/Spectator <input type="checkbox"/> Guest <input type="checkbox"/> Property <input type="checkbox"/> Staff <input type="checkbox"/> Youth Member <input type="checkbox"/> Other	Incident date and time:
Incident type: <input type="checkbox"/> Allergic Reaction <input type="checkbox"/> Brand <input type="checkbox"/> COVID-19 <input type="checkbox"/> Environmental <input type="checkbox"/> Health & Safety <input type="checkbox"/> Fatality <input type="checkbox"/> Illness <input type="checkbox"/> Inclusion <input type="checkbox"/> Injury <input type="checkbox"/> Misconduct <input type="checkbox"/> Security <input type="checkbox"/> Other	Incident sub-type:

Please provide a detailed narrative of the incident including, but not limited to, the sequence of events, who was involved, and timing. Describe the activities, weather, and terrain if appropriate. Avoid subjective interpretations and only state the facts. Add additional details about the incident or those involved on a separate piece of paper.

Describe incident in detail:

Injured Party

Name:	Phone:
Email:	
Role: <input type="checkbox"/> Adult Volunteer <input type="checkbox"/> Applicant – Adult Volunteer <input type="checkbox"/> Applicant – Youth Member <input type="checkbox"/> Family/Spectator <input type="checkbox"/> Guest <input type="checkbox"/> Incident Reporter <input type="checkbox"/> Reference for Volunteer Application <input type="checkbox"/> Reporter <input type="checkbox"/> Staff <input type="checkbox"/> Trained Leader <input type="checkbox"/> Witness <input type="checkbox"/> Youth Member <input type="checkbox"/> Other	

Other Parties Involved

Name:	Phone:
Email:	
Role: <input type="checkbox"/> Adult Volunteer <input type="checkbox"/> Applicant – Adult Volunteer <input type="checkbox"/> Applicant – Youth Member <input type="checkbox"/> Family/Spectator <input type="checkbox"/> Guest <input type="checkbox"/> Incident Reporter <input type="checkbox"/> Reference for Volunteer Application <input type="checkbox"/> Reporter <input type="checkbox"/> Staff <input type="checkbox"/> Trained Leader <input type="checkbox"/> Witness <input type="checkbox"/> Youth Member <input type="checkbox"/> Other	

Event

Name of event/program:	Area/County/Region related to incident:
Type of event: <input type="checkbox"/> Achievement day <input type="checkbox"/> Camp <input type="checkbox"/> Club/project meeting <input type="checkbox"/> Community event <input type="checkbox"/> Community service <input type="checkbox"/> Competition team <input type="checkbox"/> Exchange host <input type="checkbox"/> Farm tour <input type="checkbox"/> Fun club event <input type="checkbox"/> Fundraiser <input type="checkbox"/> National Program <input type="checkbox"/> Provincial Program <input type="checkbox"/> Regional Program	
Club(s) related to incident:	

Trained Leader

Name:	Phone:
Email:	

Activity

Activities involved in incident: <input type="checkbox"/> Animals & Agriculture <input type="checkbox"/> Aquatics <input type="checkbox"/> Indoor <input type="checkbox"/> Winter <input type="checkbox"/> Outdoor Living <input type="checkbox"/> Other	Activity sub-type:
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Location

Where did the incident or property damage occur? <input type="checkbox"/> 4-H property <input type="checkbox"/> 4-H Leader owned property <input type="checkbox"/> Private property <input type="checkbox"/> Rented property <input type="checkbox"/> Other	
Name of property:	Property Owner:
Owner Contact Details:	
Property address line 1:	Property address line 2:
City:	Province:
Country:	Postal Code:

If an accident or illness occurred, provide details of first aid treatment and name of first aider(s) or emergency care that was required.

Actions Taken

Describe immediate actions taken:	
Emergency services contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Non-emergency services visited: <input type="checkbox"/> Yes <input type="checkbox"/> No
Hospital/Clinic name:	Hospital/Clinic city:
Hospital/Clinic phone number:	Name of Doctor:
Treatment information:	

Follow-up

Parent(s) contacted: <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent(s) contact method: <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Text Message
Parent(s) contact date/time:	
Did parent(s) acknowledge/respond? <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent(s) comments:
Did the person miss time from the program/work? <input type="checkbox"/> None <input type="checkbox"/> 0-4 hrs <input type="checkbox"/> 4 hrs – 1 day <input type="checkbox"/> > 1 day	
Was involved person sent home? <input type="checkbox"/> Yes <input type="checkbox"/> No	Why were they not sent home?

If the incident involved an accident, vehicles, or criminal activity provide the details of the police service that was contacted, and details of the vehicles involved. Additional information or photos can be attached to this form. If the incident is related to a public health concern (such as COVID-19), child welfare, or animal welfare, please provide details of reports made to other authorities.

Reported to police: <input type="checkbox"/> Yes <input type="checkbox"/> No	Police service reported to:
Name or badge number of contact:	Police report number:
Date reported to police:	
Additional police report comments:	Vehicle Involved? <input type="checkbox"/> Yes <input type="checkbox"/> No
License plate:	Vehicle owner:
Vehicle owner contact details:	
Reported to vehicle owner's insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Insurance information:
Reported to other authority: <input type="checkbox"/> Yes <input type="checkbox"/> No	Department reported to:
Department contact name:	Date reported to other authority
Additional reporting comments:	