From:416-394-8737

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ATT: ROW



Major Emergency Report

Category of Emergency Medical Emergency Critical Injury (as defined On-premise Incident (E Other:	000 00	Have you remembered to: Complete all components of the form? Initial and date each page? Ask each staff member to complete a detailed statement and include in this report? Call the Supervisor or Supervisor On-Call? Call PFR Media Line 416 560-8726? Total number of attachment documents										
Participant Information Name of Participant (First, Last):			lge:		☐ Male	☐ Female						
Street Address:							City:	itv:				
Postal Code:	Tel:			E-ma	•							
LETTO .				1		-						
Nature of Incident and State	ff Response							B				
Centre/Facility:			Fac	ility Addr	ess: 			District:				
Detailed location of emergency:				4.17.77				T				
Date of Incident (yyyy/mm/dd):		Time of Incide	ent:		a.m. 🔲 p	p.m.	Permit #	ermit #:				
Activity participant was engaged	d in (program na	.me):				,						
Description of situation and action taken by staff (e.g. lockdown or evacuation):												
911 called: no yes Police Response: no yes Badge #: Fire Response: no yes								o 🗆 yes				
EMS Response: ☐ no ☐ yes Ambulance Dispatch #: Participant taken in Ambulance:							lance:	no □ yes				
Recommended Medical Care by EMS:												
Describe First Aid and Care Giv	en:											
Name of Staff/ Person(s) Provid	ing Care and Di	rection to Partic	ipant: (Ple	ease gath	er personal	telep	hone nui	mbers of sta	iff)			
Name (First, Last):				Tel:	Tel:			Employee #				
Name (First, Last):		···		Tel:	Tel:		Employee #					
Name (First, Last):		_		Tel:	Tel:			Employee #				
Incident Reporting				·								
Date of Report (yyyy/mm/dd):		Time Rep	portec	i:	□ a.m. □ p.m.							
Situation reported by:	icipant 🔲 witi	ness 🗌 staff	person	☐ other								
Situation reported to: staff other									-			
Name of person completing repo	ort (First, Last):			<u> </u>	•		Employe	re #:				
Supervisor or Supervisor On-Ca	Il Notified :	no 🗌 yes	Name (F	irst, Last):				<u> </u>				

1-0070 2013-06

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Major Emergency Report

Witness In Note: All no available to	n-staff wif	nesses m						n Statemen	nt (see botton	n of Page 4) made			
Did staff per	son witnes	s situation:	□ no	☐ yes	if ye	s, n	ame of staff p	erson (First,	, Last):				
Witness #1	st, Last):		•	•	Te	el:		Email:					
Witness #2	Name (Fir	st, Last):				Те	d:		Email:				
Facility Conditions (complete where applicable)													
Temperature: Water Air Pool Chemistry: CI pH Room Conditions:									onditions:				
Weather Conditions:								ne of incident:					
Equipment C	onditions:				•	•							
Additional No	otes/Comm	ents:											
List All Sta	ff on Dut	y Includir	ng Positio	n and Em				more stat	ff on duty, a	ttach separate list)			
Name (First, L	Name (First, Last): Position: Employee #:								Employee #:				
									<u> </u>				
Follow-up													
Other key sta	iff informed	concernin	g this situat	ion:									
Name (First, Last): Posi							******* ***		Time:	☐ a.m. ☐ p.m.			
Name (First, L	ast):			Positi	on:				Time:	🔲 a.m. 🗌 p.m.			
Others notified: (Parents, Poison Control, etc.) Name: Tel:													
Comments:													
Other follow-u	up action ta	ken:											
Report completed by:(print name)							Signatur	e:		Date:			
Full-time staff reviewing the report:							Signatur	Date:					
Attach additional pages, information, or reports to this form as required. Completed package must be sent to the Management staff for review.								ement staff for review.					
Supervisor's	Name:						Signatur	e:		Date:			
Manager's Na	ame:						Signature	e:		Date:			
Director's Name:						Signature	Signature: Date:						

Major Emergency Report

Facility Specifics

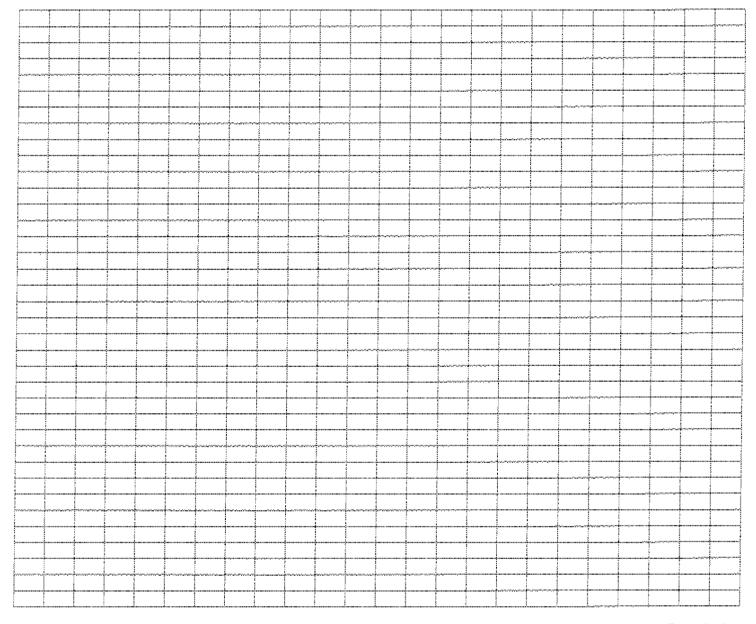
Please draw an outline of the floor plan of area of the facility where the incident occurred on the grid below.

Pool Locations:

Please indicate the following details on the drawing: location of ladders, guard chairs, buoy lines, staff office, diving board, slide, any other items pertinent to the situation. Indicate with an (X) where the situation occurred, and mark the position (1, 2, 3, etc.) of each aquatic staff person on duty when the emergency situation occurred and the path they followed immediately after recognition of the incident.

Other Locations:

Please indicate the following details on the drawing: location of trees, playground equipment, gym equipment, staff office, any other items pertinent to the situation. Indicate with an (X) where the situation occurred, and mark the position (1, 2, 3, etc.) of each staff person on duty when the emergency situation occurred and the path they followed immediately after recognition of the incident.



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Notice of Collection Statement

AUG-10-2015 05:57 From:416-394-8737 Page:4/6



Major Emergency Report

Detailed Statement by:

☐ Staff Person ☐ Volunteer ☐ Witness

All staff and volunteers to a Major Emergency <u>are required</u> to complete this page independently.

Witnesses to a Major Emergency are asked to complete this page.

Once complete, please submit the Detailed Statement to full-time staff and attach to Major Emergency Report.

Page	of				
Centre/Facilit	ty;	District:		Location in Fa	acility:
Date of Occu	irrence (yyyy/mm/dd):		Time of Oc	currence:	☐ a,m. ☐ p.m.
Name (First, L	ast):			Employee #:	
Personal Add	dress:			Personal Tel:	
facility, Pleas	de details of your involvement in this situation from the take care to comment only on facts and not person formed by The type of incident was I did	mal feelings at	bout the situa	ation. Attach ex	when the subject left the tra pages if required.
					•
	A desirable to the control of the co				
}					Ann.
	A TOTAL OF THE PART OF THE PAR				
				·· v.	
Signature:			Date	(yyyy/mm/dd):	
organization c.			Joane	- тууулгандаад:	1

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Notice of Collection

The personal information on this form is collected under the authority of The City of Toronto Act, 2006, s.136 (c), Health Protection and Promotion Act, R.R.O. 1990, Regulation 565, s. 8 (e) and Occupiers' Liability Act, R.S.O. 1990, Chp 2, s. 3. The personal information collected may be used to contact you in the future if there is an investigation into the accident/incident that you witnessed. Questions about this collection can be directed to the Director of Community Recreation, Toronto City Hall, 100 Queen Street West, 4th Floor, Toronto, Ontario, M5H 2N2 or by telephone at (416) 392-7252.



Minor Injury / Incident Report

☐ Particip	ant Injury		ncident	□Р	ropert	y Dam	age	☐ T#	eft	☐ Ag	gressi	ve Be	haviour		Other:			
Centre/Facil	District: Date						Date of	e of Report (yyyy/mm/dd):										
Name of Participant (First, Last):													ge:		Male	\top	Female	
Street Address:							Unit #:						City:					
Postal Code	1				Tel:						E-r	nail:						
Nature of Situation and Staff Actions																		
Date of Situation (yyyy/mm/dd): Time of Situation: a.m. p.m									n. Loc	Location/Room:								
Activity parti	ipant was	engage	ed in (pr	ogram na	ame):													
Weather Co.	nditions:																N/A	
Situation rep	orted by:	☐ par	ticipant	☐ witi	ness	☐ sta	aff pers	on [othe	er		Tim	e Reporte	d:		a.m	. 🔲 p.m.	
Situation rep	orted to:	☐ stat	ff 🗆 o	ther					Nar	ne (First	Last):					"		
Description of	of situation	and ac	tion take	n by sta	ff:													
		•				·												
Describe Fire	t Aid and	care giv	en:															
Name of stat	f/ person(s	s) provic	ding care	and dire	ection	to parti	icipant	(staff, p	lease	provide	perso	nal tel	lephone nu	ımbe	ers):			
Name (First, Last): Tel: Employee #:																		
Witness Inform Note: All non-s recording their	taff witnes			d or have	e the No	otice of	Collec	tion Stat	temen	t (see bo	ottom o	f Page	2) made a	vailal	ble to ti	nem p	rior to	
	Did staff person witness situation: on this form. Did staff person (First, Last):									•								
Witness #1	Name (Fi	rst, Last):	:			Tel: Email:						ail:						
Witness #2	Name (Fi	rst, Last):	:			Tel: Email:					ail:							
Follow-up																		
Other key sta	ff informed	d conce	rning thi	s situatio	on:													
Name (First, Last):						Position:							Time:			a.m.	☐ p.m.	
Name (First, Last): Position: Time: a.m.							☐ p.m.											
Follow up action taken (parents notified, medical attention recommended, repairs requested):																		
Print names o	f staff usi	ina first	. last na	me forn	nat in	this se	ection.											
Print names of staff using first, last name format in Report completed by:					Signature:							Date (Date (yyyy/mm/dd):					
Full-time staff	reviewing	the rep	ort;			Signature:							Date (Date (yyyy/mm/dd):				
Supervisor:						Signa	iture:						Date (Date (yyyy/mm/dd):				

Attach additional pages, information, or reports to this form as required. Please forward the signed and completed form to the Supervisor and Manager for review and processing.

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Minor Injury / Incident Report

Please use this space to document additional factual information concerning the incident as necessary.
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Notice of Collection Statement

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