



## Policies and Procedures

Subject: **HEALTH AND SAFETY POLICY**

Number: RCR-15

Issued By: Board of Directors

Date Issued: September 30, 2023

DEFINITIONS: RENFREW CURLING RINK "Club"

BOARD OF DIRECTORS "Board"

The Club will comply with the Ontario Government guidelines for Workplace Health and Safety.

Included in this policy document is Appendix A: Incident Report Form

Current link: <https://www.ontario.ca/page/workplace-health-and-safety>

## APPENDIX A: INCIDENT REPORT FORM

### Incident Report Form

Use this form to report any workplace accident, injury, incident, close call or illness. Return completed form to the Ontario Curling Council Chair.

This is documenting an:

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Lost Time/Injury

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First Aid

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Incident

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Close Call /  
Observation

### Details of person injured or involved (to be filled in by person injured / involved if possible)

Person Completing Report: \_\_\_\_\_ Date: \_\_\_\_\_

Person(s) Involved: \_\_\_\_\_

#### Event Details

Date of Event: \_\_\_\_\_ Location of Event: \_\_\_\_\_

Time of Event: \_\_\_\_\_ Witnesses: \_\_\_\_\_

### Description of Events (Describe tasks being performed and sequence of events):

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\*If more space is required please attach additional paper.

Was event / injury caused by an unsafe act (activity or movement) or an unsafe condition (machinery or weather)? Please explain:

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### TO BE COMPLETED ONLY IF LOST TIME/INJURY OR FIRST AID WAS REQUIRED

Type of injury sustained: \_\_\_\_\_ Cause of lost time/ injury or first aid: \_\_\_\_\_

Was medical treatment necessary? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, name of hospital or physician: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Chair: \_\_\_\_\_ Date: \_\_\_\_\_

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