Initial NCRC Incident Report

External distribution of this form is strictly prohibited.

Incident Classification - Place an "X" in one or more classifications below:

☐ Major Incident
☐ Safety Issue
☐ Medical Aid Injury/Illness
☐ First Aid
☐ Vehicle Accident
☐ Security Incident
☐ Impact to Reputation

Group/Activity _____ **Location:** _____
Date of Incident: _____ **Time:** _____

Level Leader/Lead Instructor: _____
Shall be completed within 24 hours of incident
Witnesses and participants (including contact information) listed on back of form.

Description of Incident and Response Actions Undertaken: (Note - state only known facts)

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Root Cause Investigation Initiated? ___ **Yes** ___ **No**
Investigation Team Leader: _____
Prepared by: _____ **Date:** _____