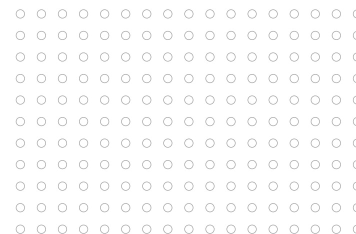


# Oxygen Yoga & Fitness

## Liability / Injury Event: Incident Report

| Date of Incident: | | Date of Report: | |
|---|---|---|---|
| Incident Location: | | | |
| Address: | | | |
| Name: | | Position (Title): | |
| Phone: | | Email: | |

Instructions: For all claims (including after hours emergencies), please respond to the incident appropriately and document the incident in the form below. Once completed email the form, any attachments, and/or photographs to the following persons within 24 hours of the original incident:

Kristina.Parsons@Hubinternational.com
Kristina Parsons, Account Executive
604-455-2318

| **Person Injured:** | ☐ Yes ☐ No (If Yes please fill out this section) | | |
|---|---|---|---|
| **Name of Injured Person:** | | | |
| **Phone:** | | **Email:** | |
| **Witness Information** | | | |
| **Full Name of Witness:** | | | |
| **Phone (Witness):** | | **Email:** | |
| *(*) Please attach copies of all notes from interviews with the guest and/or witnesses.* | | | |
| **Description of Incident:** | | | |
| **Describe Incident:** | | | |
| **Location of incident:** | | | |
| **Describe the environment where the incident occurred:** *(Consider lighting, noise, hazards, signage, traffic flow, etc.) Include photos.* | | | |
| **Injured Person's Attire:** *(Note if persons attire and its appropriateness. I.e. shoes on icy surfaces* | | | |
| **Describe what the person was doing at the time of the incident:** *(Please be specific.)* | | | |
| **Alcohol / Drug Impairment:** *Indicate if potential contributor to incident* | ☐ Yes ☐ No<br>☐ N/A | **Describe:** | |

# Incident Report – Liability / Injury Event

| Construction In Area of Incident: *(Describe if work was being conducted in the area).* | ☐ Yes ☐ No ☐ N/A | Describe Work Area: |
|---|---|---|
| Name of Contractor: | | |
| Name of Foreman / Supervisor: | | |

| Did the guest seek outside medical attention? (Family Doctor, Hospital, or Walk-in Clinic) | ☐ Yes ☐ No ☐ N/A |
|---|---|
| *(*) Please attach copies of medical documents provided (if applicable) if outside medical attention was required.* | |
| **Area of Injury (Please select all that apply):** | |

| ☐ | Head | ☐ | Neck | ☐ | Face | ☐ | Upper Back | ☐ | Lower Back | ☐ | Abdomen |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ☐ | Eye(s) | ☐ | Ear(s) | ☐ | Neck | ☐ | Chest | ☐ | Pelvis | | |
| ☐ | (R) Shoulder | ☐ | (L) Shoulder | ☐ | (R) Arm | ☐ | (L) Arm | ☐ | (R) Elbow | ☐ | (L) Elbow |
| ☐ | (R) Forearm | ☐ | (L) Forearm | ☐ | (R) Wrist | ☐ | (L) Wrist | ☐ | (R) Hand | ☐ | (L) Hand |
| ☐ | (R) Finger(s) | ☐ | (L) Finger(s) | ☐ | (R) Hip | ☐ | (L) Hip | ☐ | (R) Thigh | ☐ | (L) Thigh |
| ☐ | (R) Knee | ☐ | (L) Knee | ☐ | (R) Leg | ☐ | (L) Leg | ☐ | (R) Ankle | ☐ | (L) Ankle |
| ☐ | (R) Foot | ☐ | (L) Foot | ☐ | (R) Toes | ☐ | (L) Toes | ☐ | Other | | |

| First Aid & First Responders: ☐ N/A | | | |
|---|---|---|---|
| First Aid Provided: | ☐ Yes ☐ No ☐ N/A | | |
| First Aid Responder: | Name: | | |
| Police on Scene: | ☐ Yes ☐ No ☐ N/A | Details: | |
| Badge #(s): | | | |
| Fire Department on Scene: | ☐ Yes ☐ No ☐ N/A | Details: | |
| Ambulance on Scene: | ☐ Yes ☐ No ☐ N/A | Details: | |
| If yes to above: | Name of Officials: | | |
| If taken to Hospital: Name of Hospital: | | | |

| Weather Conditions: (If Exterior Incident) ☐ N/A | | | |
|---|---|---|---|
| Weather | ☐ Snowing ☐ Raining ☐ Clear & Dry ☐ Other | | |
| | Describe: | | |
| Lighting | ☐ Bright ☐ Dim ☐ Working ☐ Not Working | | |
| | Describe: | | |
| **Location** | | | |
| Area of incident inspected? | ☐ Yes ☐ No ☐ N/A | Details: | |

| Documentation: | |
|---|---|
| Photographs of the area provided? | ☐ Yes ☐ No ☐ N/A |
| Video of the area in question provided? | ☐ Yes ☐ No ☐ N/A |
| Photos / Video sent to: | |
| Date Photos / Vide sent: | |

| Name of Person Completing Report: | |
|---|---|
| Signature: | |
| Date: | |