

ACCIDENT/INCIDENT/HAZARD/FOD REPORT FORM

DATE SUBMITTED:

ACCIDENT / INCIDENT / HAZARD INFORMATION		
I wish to report <input type="checkbox"/> Accident <input type="checkbox"/> Incident <input type="checkbox"/> Hazard <input type="checkbox"/> FOD		Number of Injuries <input type="checkbox"/> Fatal <input type="checkbox"/> Serious <input type="checkbox"/> Minor <input type="checkbox"/> None
Date	Time	Location
Details of Incident / Accident / Hazard		
Other Factors or Information (if applicable, please indicate one of following - Staff, Local Pilot, Visiting Pilot, AME, Concerned Citizen, Other)		
Name (if reply desired)	Phone	Email
Mailing Address		
Signature		

APPLICATION CAN BE SUBMITTED BY ONE OF THE FOLLOWING METHODS:

IN PERSON: #201-660 Primrose Street, Qualicum Beach, BC - 9:00 am to 4:00 pm, Monday to Friday.

EMAIL: gbtown@qualicumbeach.com

Personal information on this form is collected under the guidelines of the Freedom of Information and Protection of Privacy Act ("FIPPA") and will only be used for the purpose of administering the Accident/Incident/Hazard/FOD Report Form. Questions about this collection can be directed to the Corporate Administrator, Box 130, Qualicum Beach, BC or at 250-752-6921.

DEPARTMENT USE ONLY			
Risk Assessment	High	Moderate	Low
Immediate Action(s) Taken			
Reviewed by	Signature	Date	