**INCIDENT REPORT**

To be filled out and signed by Director or AD and Stage Manager or Senior Member of Staff

(if present)

|  |  |  |
| --- | --- | --- |
| **Date and time of incident:** |  | |
| **Was anyone injured?**: |  | |
| **Name of person(s) involved:** | | |
| **Patron(s):** | |  |
| **Volunteer(s):** | |  |
| **Staff Member(s):** | |  |
| **Who reported the incident?:**  (If a Patron please get name and phone number) | |  |
| **Where did it occur?:** | |  |
| **Description of incident:** | | |
|  | | |
| **What action was taken? (by whom?):** | | |
|  | | |

**I CERTIFY THAT THIS REPORT IS ACCURATE:**

**Director/AD Signature**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Stage Manager (if present) Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE DELIVERED TO TECHNICAL DIRECTOR.**

**If incident is serious (i.e. involved fire department, police or trip to hospital), call one of the following:**

**Technical Director 613-791-2630**

January 2024