



Christian Youth Camps Waiholā Inc.
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GST #: 13-646-686
Charities Commission Registration #: CC25364

Incident/Accident Reporting Form

- All fields marked with * are required fields.
- All incidents classified as Level 3 or higher on the Incident Severity Table in the SMP must be reported to the National Incident Database (NID), with Level 6 and above also reported to WorkSafe.
- All incidents are kept on file in the CYC Waiholā office.
- All incidents must be reported to the Operations Manager on the appropriate form and kept on file.
- All forms must be completed within 24 hours of the incident occurring and left in CYC office or handed to Paid Staff

Incident Details

Group / Camp Name *	
Date of Incident *	
Time of Incident *	

Victim Details – Please note multiple victim names if applicable

Injured Person Name(s) *	
Injured Person Date of Birth *	
Injured Person Gender * Please circle one	Male / Female
Nature of Injuries * Please specify type of injuries sustained (if any)	

Incident Summary

Location of Incident *	
Activity Category * What kind of activity or work was occurring when the incident took place?	
List all present * • Please provide names of all supervisory personnel present, and any qualifications if applicable. • Please note the numbers of other participants present.	
What Happened? * Please provide as much detail as possible	
Cause of Incident * In your opinion, why did the incident occur?	

PLEASE TURN OVER

Environmental Conditions

Precipitation Circle one	Inside / Clear Skies / Overcast / Fog / Drizzle / Light Rain / Heavy Rain / Snow
Temperature Circle one	Less than 0°C / 0 - 10°C / 10 - 20°C / 20 - 30°C / Over 30°C
Wind Speed Circle one	Inside / No Wind / Breezes / Light Winds / Strong Wind / Very Strong or Gail-Force Winds

After the Incident

What happened afterwards? * Please provide details of what happened after the incident	
Outside Agencies Involved Specify if there were any outside agencies involved in the incident?	
Follow up Treatment * Specify if any follow up treatment was needed after the incident	
Equipment Used * - Specify what equipment (if any) was in use at the time - Note any damages	
Your Name and Signature *	
CYC Operations Manager Name and Signature *	

PAID STAFF ONLY to fill out

Incident Severity Scale	1 2 3 4 5 6 7 8 9 10
NID Report Posted	Yes / Not Required
WorkSafe Notification	Yes / Not Required
Parents Notification	Email / In Person
Recommended Policy or Procedural Change	