

Please complete this form as completely and as accurately as possible.

Date of Incident:	Time of Incident:
Location of Incident:	
Witness Name:	
Witness Address & Phone Number:	
Describe the conditions at the time of the incident (weather, lighting, etc.):	
Explain in detail what happened:	
Other Notes:	
Signature:	Date:

Submit completed form to TLC representative. TLC representative to press complete at time of Incident Report Form completion.

The information being collected is under the Personal Information Privacy Act and Alberta OHS Act. TransAlta Tri Leisure Centre contract person – General Manager