

This form should be completed by the site manager, equivalent or designate. Use one form per incident. Tick all applicable boxes.

This form does not replace the operator's internal investigation form, which would normally be completed by the witness to the serious incident. This form is available as a fill-and-print pdf at www.health.gov.bo.ca/exforms/assistedliving/1622fil.pdf.

Fax completed form with a cover page to the Assisted Living Registrar (250) 952-1119.

TE MANAGER AND RESIDENC NAME OF SITE MANAGER		I EMAIL AL	DDRESS	PHONE NUMBER	
		s.22	:		
VCIDENT INVOLVES RESIDENT(S) IN:	LIE PLIBLICIY SUBSIDIZED	INDICATE HEALTH AUTHOR	₩		
PRIVATE PAY	IN TOBLICE ECOCIONATO,	RECEIVE HEALTH TO THE			
PUBLICLY SUBSIDIZED	FRASER	MINTERIOR IN	ORTHERN D VANC	OUVER COASTAL VANCOUVER ISLAND	)
TIES INVOLVED (If more than	n 2 residents involved	or more than 2 with:	essas attach saparat	e sheet with the additional names)	
LAST NAME OF RESIDENT INVOLVED		FIRST NAME OF RESI		DATE OF BIRTH (DD/MM/YYYY) GENI	DEA
s.22			,	s.22	
LAST NAME OF RESIDENT INVOLVED		FIRST NAME OF RESID	DENT INVOLVED	DATE OF BIRTH (DD/MM/YYYY) GENT	DEFI
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LAST NAME OF WITNESS		FIRST NAME OF WITH	EBS		
,				STAFF OTHER (SPECIFY)	
LAST NAME OF WITNESS		FIRST NAME OF WITH	ESS		
The second secon				STAFF  OTHER (OPECIFY)	
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IDENT DETAILS					
TE OF INCIDENT (DD/MM/YYYY) TIME		TRANSFER TO HOSPITAL	WHERE DID INCIDENT TA	KE PLACET (E.G. RESIDENT'S BUITE, COMMON A	AEA, ETC
21   02   2014	- DAM CERPM	YES MINO		s.22	
			1	0.22	
PE OF INCIDENT (TICK ALL APP	LICABLE BOXES)			•	
Attempted suicide by a resid	dent	·		,	
				· ·	
Unexpected death reported	to coroner (specify be	low cause of death if k	nown and contact info	p for coroner)	
				and the second s	
☐ Abuse or neglect by staff rep	orted to the local abus	e and neglect designat	ed agency or office of	and the second s	
☐ Abuse or neglect by staff rep (specify below, including con	ported to the local abus ntact info for person in I	e and neglect designat DA or OPGT to whom I	ed agency or office of noldent was reported)	and the second s	,
<ul> <li>□ Abuse or neglect by staff rep (specify below, including cor</li> <li>□ Medication error by staff that</li> </ul>	orted to the local abus ntact info for person in I requires emergency into	e and neglect designat DA or OPGT to whom be ervention or transfer to i	ed agency or office of noldent was reported)	and the second s	
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<ul> <li>□ Abuse or neglect by staff rep (specify below, including cor</li> <li>□ Medication error by staff that (specify below nature of adve</li> <li>□ Fire or flood causing person</li> </ul>	orted to the local abus stact info for person in I requires emergency into ree effect and who adm	e and neglect designat DA or OPGT to whom is ervention or transfer to in Inlistered medication)	ed agency or office of noldent was reported) hospital	the public guardian and trustea	
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NAME OF SITE MANAGER			EMAIL ADD	PRESS		PHONEN	JMSER
			s.22				
ICIDENT INVOLVES RESIDENT(S) IN:	IF PUBLICLY SUBSIDIA	ŽED, INDICATE HEALTI	H AUTHORIT	Y			
PRIVATE PAY    PUBLICLY SUBSIDIZED	☐ FRASER	INTERIOR	□ NOF	TTHERN - VANCO	DUVER COASTAL	☐ VANCOUVE	R ISLAND
M POBLICE SUBSIDIZED	<u> </u>						
TIES INVOLVED (if more than	2 residents invol						
LAST NAME OF RESIDENT INVOLVED		FIRST NAM		INT INVOLVED	DATE OF B	YYYMM\GO) HTK	M) GENDER
LAST NAME OF RESIDENT INVOLVED		FIRST NAM	s.22 E OF RESIDE	NT INVOLVED	DATE OF BI	RTH (DD/MM/YY	M GENDÉR
							_ M 🗆
LAST NAME OF WITNESS	***************************************	FIRST NAM	E OF WITNES	<u></u>	□ STAFF	····	·
;					☐ OTHER	(SPECIFY)	
LAST NAME OF WITNESS		FIRST NAM	E OF WITNES	33	□ STAFF	· -· -	
					□ OTHER	SPECIFY)	
IDENT DETAILS				1			
ATE OF INCIDENT (DD/MM/YYY) TIME		TRANSFER TO	HOSPITAL	WHERE DID INCIDENT TA	CE PLACE? (E.G. RESID	ENT'S SUITE, CO	MMON AREA, ET
17   02   2014   2	100 DAM 081	PM DECIYES (	□ NO		s.22		
YPE OF INCIDENT (TICK ALL APP	LICABLE BOXES)						
☐ Attempted suicide by a resid	•						
Unexpected death reported		below cause of	death if kn	own end contact info	o for coroner)		
☐ Abuse or neglect by staff rep							•
(specify below, including con	tact info for person	In DA or OPGT to	whom in	cident was reported)			
<ul> <li>Medication error by staff that (specify below nature of adver-</li> </ul>	requires emergency rse effect and who a	r intervention or tra administered medi	ansfer to he ication)	ospital			•
☐ Fire or flood causing person	at injury or building	damage (apecify	below ca	use of fire if known a	nd whether accide	ent or arson)	•
☐ Missing person							
x Police call							
Other (specify)							
	ALI OSTANATO OLIMI	TT (P LIFERING A PAG					
(PLANATION OF INCIDENT (ATTA	CM SEPAMATE SHEE	EI IF NECESSAMT	ŀ				•
			s.22				
•							
MEDIATE ACTION TAKEN BY STA	FF FOLLOWING INC	CIDENT (ATTACH 9	EPARATE:	SHEET IF NECESSAM	)		
			- 00				
			s.22				
				•			
NATURE OF SITE MANAGER, EQUIVALE							

s.22

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TE MANAGER AND RESIDENC	E CONTACT INFO	DRMATION			No Park Company	• /	
AME OF SITE MANAGER	~-		EMAIL ADDRESS		~ <del>~~</del>	PHONE NUME	BER
			s.22				
CIDENT INVOLVES RESIDENT(S) IN:	TF PUBLICLY SUBSID	IZEO, INDICATE HEAL	ТН АИТНОЯПУ			-	
PRIVATE PAY	☐ FRASER	□ INTERIOR	□ NORTHEAN	☐ VANCOUV	ER COASTAL	□ VANCOVERI II	BLAND
PUBLICLY SUBSIDIZED							
TIES INVOLVED (if more that	n 2 residents Invo	lved or more tha	an 2 witnesses atta	ch separate s	heet with the	additional name	es)
LAST NAME OF RESIDENT INVOLVED	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		ME OF RESIDENT INVOLV			HRTH (DD/MM/YYYY)	
			s.22				
LAST NAME OF RESIDENT INVOLVED	,	FIRSTNA	ME OF RESIDENT INVOLV	EO	DATE OF E	WALL (DOWNWALL)	GENDER
				<u> </u>		1	
LAST NAME OF WITNESS		FIRST NA	ME OF WITNESS		☐ STAFF		
·		<u> </u>			☐ OTHER	(SPECIFY)	
LAST NAME OF WITNESS		FIRST NA	ME OF WITNESS	:	☐ STAFF		
				<u>.</u>	☐ OTHER	(SPECIFY)	
				· · · · · · · · · · · · · · · · · · ·			
IDENT DETAILS ATE OF INCIDENT (DD/MMYYYY)   TIM	F.:-	TRANSEER TO	o unchitat luvuesen	ID INCIDENT TAKE	DI ACETUE C DEC	DENT'S BUITE, COM	ANIANE ED
_	, us am a		□NO WHERE D	ID RICEDENT PARE	s.22	D61: 3 80112, COM	NON ARCA: ETC
10 0 - 0 - 10 10	, <del></del>				5.22		
YPE OF INCIDENT (TICK ALL AP	PLICABLE BOXES)			1			
☐ Attempted suicide by a res	ident .		÷				
☐ Unexpected death reported	d to coroner (speci	ly below cause o	f death if known and	i contact info fo	эг соголег)		
☐ Abuse or neglect by staff re (specify below, including co					e public guardi	an and trustee	•
							•
☐ Fire or flood causing person	nal injury or buildin	ig damage (speci	Ify below cause of fi	re if known and	whether accid	dent or arson)	,
☐ Missing person				:			
☐ Police call				!			
Other (specify)				:			
		•	•	1			
				1			
XPLANATION OF INCIDENT (ATT	ACH SEPARATE SH	eet if necessar	Ñή,	7			
			s.22				
		······································		<del></del>	<del>-</del>		
MEDIATE ACTION TAKEN BY 5	TAFF FOLLOWING I	NCIDENT (ATTACE	1 SEPARATE SHEET II	NECESSARY)		s.22	
	s.22						
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- Control of the Cont	· · · · · · · · · · · · · · · · · · ·		<del></del>	<u> </u>		-0:	
SIGNATURE OF SITE MANAGER, EQUIVA	LENT OR DESIGNATE		<del> </del>	<u> </u>		DATE (DD/MM	(MM)

HTH-2014-00065

Pages 4 through 6 redacted for the following reasons:

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SITE MANAGER AND RESIDENC	E CONTACT INF	DRMATION	EMAIL ADD	PESS	<del></del>		PHONE	NUMBER
INVESTIGATION OF THE PROPERTY			) CAINC NO				1	10.1102.1
			s.22					-
					_			
INCIDENT INVOLVES RESIDENT(S) IN:	IF PUBLICLY SUBSID	IZED, INDICATE HEALT	H AUTHORITY	¥ .				
PUBLICLY SUBSIDIZED	FRASER	☐ INTERIOR	☐ vor	RTHERN	☐ VANCOUVER CO	ASTAL	☐ VANCOU	VER ISLAND
ADTIES INVOLVED (if was the	- G	tire d'au manun élen.	م معاشده				مالمسائلات الساس	aa-01
ARTIES INVOLVED (if more than LAST NAME OF RESIDENT INVOLVED	2 residents invo		IT 2 WITHES				NWW.QQ) HTRIS	
1			s.22					
LAST NAME OF RESIDENT INVOLVED		FIRST NAM	4E OF RESIDE	ENT INVOLVE	D	DATE OF	BIRTH (DD/MM/Y	YYY) GENDER
2								□M. □F
LAST NAME OF WITNESS		FIRST NAM	E OF WITHE	55		STAFF		
							R (SPECIFY)	
LAST NAME OF WITNESS		FIRST NAM	6 OF WITNE	55		STAFF	`	
2						1	R (BFECIFY)	
						·		·
CIDENT DETAILS				<i></i>				
DATE OF (NCIDENT (DD/MM/YYYY) TIM		TRANSFER TO		Į	INCIDENT TAKE PLACE	17 (E.G. RES	ident's suite.	COMMON AREA, ETC.)
18   08   2013	1:30 BD AM 🗆	PM R YES	□ NO		s.22 			
TYPE OF INCIDENT (TICK ALL APP	LICABLE BOXES)							
☐ Attempted suicide by a resi	dent							
☐ Unexpected death reported	to compar (specif	v below cause of	death if kn	own and	contact info for col	roner)		
Abuse or neglect by staff repecify below, including cor-	oned to the local	- abuse and neglect	designate	d agancy	or office of the pub	•	ian and truste	ē
☐ Medication error by staff that (specify below nature of adva	requires entergend	y intervention or tr	ansfer to h		,			
Fire or flood causing persor	al injury or buildin	g damage (specif)	y below ca	use of fire	if known and whe	ther acci	dent or arson	)
☐ Missing person		• , , , ,	-					•
m Police call								
☐ Other (specify)								
Severe abdominal pai	n							
Octore obdominal par	•							
EXPLANATION OF INCIDENT (ATTA	CH SEPARATE SHE	ET IF NECESSARY	7					
			s.22					
IMMEDIATE ACTION TAKEN BY ST	AFF FOLLOWING IN	ICIDENT (ATTACH S	SEPARATE	SHEET IF I	NECESSARY)			
			s.22					
,								
SIGNATURE OF SITE MANAGER, FOUIVAL	ENT OR DESIGNATE						DATE IDI	MUMYY

s.22

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□ Police call	AME OF SITE MANAGER			EMAIL AD	DRESS			PHONE	NUMBER
### PRINCE OF A TELEMON   PRASES   INTERIOR   NANOTHERN   NANOTHER				s.22					
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This form should be completed by the site manager, equivalent or designate. Use one form per incident. Tick all applicable boxes. This form does not replace the operator's internal investigation form, which would normally be completed by the witness to the serious incident. This form is available as a fill-and-print pdf at www.health.gov.bc.ca/exforms/assistedliving/1622fil.pdf.

NAME OF SITE MANAGER			EMAIL ADS	DRESS		PHONE NUM	BER
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NCIDENT INVOLVES RESIDENT(3) IN:	IF PUBLICLY SUBSIDIZ	ED, INDICATE HEALTI	TIRCHTURI	<b>Y</b>		······································	
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LAST NAME OF RESIDENT INVOLVED		FIRST NAM	E OF RESIDI	ENT INVOLVED	DATE OF	HTH (DD/MM/YYYY)	
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☐ Medication error by staff tha					su,		
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☐ Fire or flood causing person	nal injury or building	damage (specify	below ca	use of fire if know	n and whether accid	ient or arson)	
窟 Missing person						ŕ	
□ Police call							
☐ Other (specify)							
(PLANATION OF INCIDENT (ATT	ACH SEPARATE SHEE	T IF NECESSARY	)				
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IMEDIATE ACTION TAKEN BY ST	AFF FOLLOWING INC	IDENT (ATTACH S	EPARATE	SHEET IF NECESS	ARY)		
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	ENT OR DESIGNATE					DATE (DD/MM)	mm,
GNATURE OF SITE MANAGER, ECUIVAL	ENT OR DESIGNATE					DATE (DD/MM)	

HLTH 1622 2013/03/15



### ASSISTED LIVING REGISTRAR SERIOUS INCIDENT REPORT

HTH-2014-00065

Page 10

This form should be completed by the site manager, equivalent or designate. Use one form per incident. Tick all applicable boxes. This form does not replace the operator's internal investigation form, which would normally be completed by the witness to the serious incident. This form is available as a fill-and-print pdf at www.health.gov.bc.ca/exforms/assistedliving/1622fil.pdf.

INCIDENT INVOLVES RESIDENT(S) IN. 口 PRIVATE PAY 図 PUBLICLY SUBSIDIZED						
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	IF PUBLICLY SUSSIDIZED. II	VDICATE HEALTH AUTHORIT	Ÿ			
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LAST NAME OF WITNESS		FIRST NAME OF WITNE	šs	STAFF	ECIFY)	
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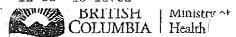


This form should be completed by the site manager, equivalent or designate. Use one form per incident. Tick all applicable boxes. This form does not replace the operator's internal investigation form, which would normally be completed by the witness to the serious incident. This form is available as a fill-and-print pdf at www.health.gov.bc.ca/exforms/assistedliving/1622fil.pdf.

Fax completed form with a cover page to the Assisted Living Registrar (250) 952-1119.

NAME OF SITE MANAGER	······································	***************************************	EMAIL ADDRESS	· <del></del>		PHONE NUME	Ber
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Page 12 redacted for the following reason:



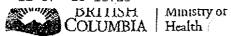
#### SE DUS INCIDENT REPORT

This form should be completed by the site manager, equivalent or designate. This form is available as a fill-and-print pdf at www.health.gov.bc.ca/exforms/assistedliving/1622fil.pdf. This form does not replace the operator's internal investigation form, which would normally be completed by the witness to the serious incident. Use one form per incident. Tick all applicable boxes.

SITE MANAGER AND	RESIDENCE CONT	ACT INFORMATIO	И	•	:
NAME OF SITE MANAGER			I AMAN ANDRERS		I DUMENTIMOED
Ī			s.22		
HEALTH AUTHORITY					_
FRASER	☐ INTERIOR	□ NÓKLHEHN	☐ VANCOLIVER COASTAL	☐ VANÇOUVER ISLA	10
PARTIES INVOLVED (if	more than 2 resid	ents involved or m	ore then 2 witnesses attach	separate sheet with the a	idditional names)
LAST NAME OF RESIDEN	TINVOLVED	F	IRST NAME OF RESIDENT INVOLVED	, DATE OF BI	RTH (DD/MM/YYYY)   GENDER
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<u></u>					
<b>12</b>					
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[5]					
INCIDENT DETAILS					
DATE OF INCIDENT (DD/MM	YYYY) I TIME	TRAN	BFER TO HOSPITAL   WHERE DID IN	CIDENT TAKE PLACE? (E.G. RESID	ENT'S SUITE, COMMON AREA, ETC.)
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TYPE OF INCIDENT (TIC		HOXES)			
☐ Attempted suicide	•	4			
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Abuse or neglect I	by staff reported to	the local abuse and	neglect designated agency or	office of the public guardiar	and trustee
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SIGNATURE OF SITE MANAG	ER, EQUIVALENT OR DE	SIGNATE		- Child Till Committee of	DATE (DD/MMYYYY)
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#### SET OUS INCIDENT REPORT

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AME OF SITE MANAGER		-		EMAIL ADDR	E8S .		PHONE NI IMBER
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EALTH AUTHORITY	MINTERIOR		RN	□ VANCOUV	ER COASTAL	☐ VANCOUVER ISLANI	)
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<u>-</u>				s.22			
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☐ Unexpected death	•						
Abuse or neglect b specify below, inc	y staff reported to luding contact inf	o the local abuse o for person in D	and negled A or OPGT	it designated to whom inci	ageпcy or office dent was report	e of the public guardian	and trustee
Medication error by (specify below natu	staff that require	s emergency inte	rvention or t	tansfer to hos		ŕ	
⊐ Fire or flood causi	ng personal injun	y or building dan	nage (speci	fy below caus	se of fire if knov	vn and whether acciden	it or arson)
Missing person	•	•				•	1
Police call							
Other (specify)					٠		
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#### SER JS INCIDENT REPORT

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Fax completed form to the Assisted Living Registrar (250) 952-1119.

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				s.22			
HEALTH AUTHORITY			,	======================================			
FRASER	☐ INTERIOR	□ NORTHER!			UVER COASTAL	☐ VANCOUVER ISLAND	
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IDENT DETAILS							
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#### Fax completed form to the Assisted Living Registrar (250) 952-1119.

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RECEIVED

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HCC/PHSA/NHA Branch HA Division



# SERIOUS INCIDENT REPORT

This form should be completed by the site manager, equivalent or designate. This form is available as a fill-and-print pdf at www.health.gov.bc.ca/exforms/assistedliving/1622fil.pdf. This form does not replace the operator's internal investigation form, which would normally be completed by the witness to the serious incident. Use one form per incident. Tick all applicable boxes.

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(specify below, including contact info for person in DA		
Medication error by staff that requires emergency inter (specify below nature of adverse effect and who admin		
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HLTH 1622 2012/11/02



# ASSISTED LIVING REGISTRAR SERIOUS INCIDENT REPORT

Page 23

This form should be completed by the site manager, equivalent or designate. This form is available as a fill-and-print pdf at www.health.gov.bc.ca/exforms/assistedliving/1622fil.pdf. This form does not replace the operator's internal investigation form, which would normally be completed by the witness to the serious incident. Use one form per incident. Tick all applicable boxes.

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HLTH 1622 2013/03(16/

HTH-2014-00065



#### ASSISTED LIVING REGISTRAR **SERIOUS INCIDENT REPORT**

This form should be completed by the site manager, equivalent or designate. Use one form per incident. Tick all applicable boxes. This form does not replace the operator's internal investigation form, which would normally be completed by the witness to the serious incident. This form is available as a fill-and-print pdf at www.health.gov.bc.ca/exforms/assistedliving/1622fil.pdf. Fax completed form with a cover page to the Assisted Living Registrar (250) 952-1119.

ITE MANAGER AND RESIDENC	E CONTACT INFOR	RMATION			
NAME OF SITE MANAGER		EM	IL AODRESS		PHONE NUMBER
t		;	s.22		
<del>.</del>					
MUIDENT INVOLVES RESIDENT(S) IN:	IF PUBLICLY SUBSIDIZE	D, INDICATE HEALTH AUT	HORITY		
PUBLICLY SUBSIDIZED	FRASER	<b>⊠</b> INTERIOR	□ NORTHEAN	☐ VANCOUVER COASTA	L VANCOLIVER ISLAND
ARTIES INVOLVED (if more than	2 residents involve	ed or more than 2 w	itnesses atta	ch separate sheet will	the additional names)
LAST NAME OF RESIDENT INVOLVED		FIRST NAME OF			E OF BIRTH (DD/MM/WWW I GENDER
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2			.00		
<u> </u>		\$	.22		
1					
LAST NAME OF WITNESS		FIRST NAME OF V	V1TNESS	ln.	STAFF
2				,-	THER (SPECIFY)
		1			
CIDENT DETAILS	···				
16   04   2014   7	-3∩ □ AM 2 <b>3</b> 0 PM	TRANSFER TO HOSPI	TAL WHERE DI	•	. Resident's suite, common area, etc.)
				s.22	
YPE OF INCIDENT (TICK ALL APPL	•				
☐ Attempted suicide by a reside					
☐ Unexpected death reported t					<del>-</del>
☐ Abuse or neglect by staff repo	orted to the local abused info for person in	ise and neglect desig i DA or OPGT to who	inated agency m incident wa	or office of the public gus reported)	uardian and trustee
☐ Medication error by staff that re (specify below nature of advers	equires emergency ir se effect and who ad	ntervention or transfer ministered medication	to hospital		
☐ Fire or flood causing persona	l injury or building d	amage (specify belo	w cause of fire	if known and whether a	accident or arson)
☐ Missing person					
XI Police call					
☐ Other (specify)					
XPLANATION OF INCIDENT (ATTAC	m separate sheet	IF NECESSARY)			
		- 6	0		
		s.2	2		
MEDIATE ACTION TAKEN BY STAF	F FOLLOWING INCID	ENT (ATTACH SEPAR	ATE SHEET IF I	NECESSARY)	
		s.2	2		
GNATURE OF RITE MANAGER FOLLIVALEN	T OR DERIGNIATE				1 0.75 /05 // // // // // // // // // // // // //
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This form should be completed by the site manager, equivalent or designate. Use one form per incident. Tick all applicable boxes. This form does not replace the operator's internal investigation form, which would normally be completed by the witness to the serious incident. This form is available as a fill-and-print pdf at www.health.gov.bc.ca/exforms/assistedliving/1622fil.pdf.

Fax completed form with a cover page to the Assisted Living Registrar (250) 952-1119.

SITE MANAGER AND RESIDENCE CONTACT INFORMATION NAME OF SITE MANAGÉR EMAIL ADDRESS PHONE NUMBER s.22 IF PUBLICLY SUBSIDIZED, INDICATE HEALTH AUTHORITY INCIDENT INVOLVES RESIDENT(S) IN: TI PRIVATE PAY ☐ NORTHERN ☐ VANCOUVER ISLAND IXI INTERIOR ["I VANCOUVER COASTAL □ FRASER PUBLICLY SUBSIDIZED PARTIES INVOLVED (if more than 2 residents involved or more than 2 witnesses attach separate sheet with the additional names) TI ASY NAME OF RESIDENT INVOLVED FIRST NAME OF RESIDENT INVOLVED DATE OF BIRTH (DD/MM/YYY) | GENDER s.22 LAST NAME OF WITNESS FIRST NAME OF WITNESS ☐ STAFF OTHER (SPECIFY) INCIDENT DETAILS RANSFER TO HOSPITAL WHERE DID INCIDENT TAKE PLACE? (E.G. RESIDENT'S SUITE, COMMON AREA, ETC.) DATE OF INCIDENT (DD/MM/YYYY) TIME ☐ AM (XI PM ☐ YES X NO 2014 1:30 s.22 19 | 04 TYPE OF INCIDENT (TICK ALL APPLICABLE BOXES) ☐ Attempted suicide by a resident ☐ Unexpected death reported to coroner (specify below cause of death if known and contact info for coroner) T Abuse or neglect by staff reported to the local abuse and neglect designated agency or office of the public guardian and trustee (specify below, including contact info for person in DA or OPGT to whom incident was reported) III Medication error by staff that requires emergency intervention or transfer to hospital (specify below nature of adverse effect and who administered medication) ☐ Fire or flood causing personal injury or building damage (specify below cause of fire if known and whether accident or arson) ☐ Missing person N Police call □ Other (specify) EXPLANATION OF INCIDENT (ATTACH SEPARATE SHEET IF NECESSARY) s.22 IMMEDIATE ACTION TAKEN BY STAFF FOLLOWING INCIDENT (ATTACH SEPARATE SHEET IF NECESSARY) s.22 SIGNATURE OF SITE MANAGER, EQUIVALENT OR DESIGNATE DATE (DD/MM/YYYY)

s.22

HTH-2014-00065 Page 28 Pages 29 through 31 redacted for the following reasons: