



# REPORT FORM

(revised May 7, 2014)

Name of Participant: \_\_\_\_\_ Respite Worker: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Briefly describe what you did while providing care. Specify respite location (in / out of home):

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Any signs of ill health (includes seizures)? How was it dealt with? \_\_\_\_\_

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Concerns, comments and other incidents: \_\_\_\_\_

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Amount and type of medication administered – include times: \_\_\_\_\_

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Parent/Guardian or Participant's signature (only if medication is administered): \_\_\_\_\_

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## WORKPLACE SAFETY & HEALTH COMMITTEE CONCERNS

Violent Behavior Directed at Worker (phone in & write details below):

Physical Aggression \_\_\_\_ Verbal Aggression \_\_\_\_ Medical Attention \_\_\_\_  
Property Loss / Damage \_\_\_\_ First Aid \_\_\_\_ Abusive language \_\_\_\_ WCB Incident \_\_\_\_

Details: \_\_\_\_\_

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Unsafe / Unhealthy Working Conditions:

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