

Incident Report / Notice of Injury — 363D

PLEASE COMPLETE AS MUCH DETAIL AS POSSIBLE AND FORWARD TO THE CHANCERY OFFICE AT THE EARLIEST OPPORTUNITY AFTER THE INCIDENT

Date of Incident / Injury: _____ Time: _____
Name: The Catholic Archdiocese of Edmonton
Address: 8421-101 Avenue, Edmonton
Address/Location of Incident: _____
Contact: _____ Telephone #: _____
Email: _____ Mobile #: _____

Check one:
 Unsafe act or condition, Near Miss or First Aid (Section A only)
 Recordable Injury (all sections)

Section A

Description of incident & action taken (use additional pages if necessary): _____

INJURED PARTY
Employee Volunteer Other

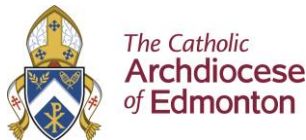
Name: _____ Age: _____
Address: _____ Phone #: _____
Extent of Injury or Property Damage (if known): _____

Name of Parent/Guardian: _____ Phone #: _____
Parent/Guardian Notified: Y N Notified by: _____
Parent/Guardian's Response: _____

Section B

CONTRIBUTING FACTORS
Weather Conditions: _____ Clear, Dry, Sunny, Cloudy, Raining, Fog, Snowing, Daylight, Dusk, Dark, Other
(circle all that apply)
Road/Sidewalk Conditions: _____ Paved, Gravel, Sidewalk, Footpath, Wet, Dry, Icy, Snow-covered, Other
(circle all that apply)

Describe: _____



OTHER CONTRIBUTING FACTORS: General Observations (circle all that apply)

Footwear type: _____
Equipment: Y/N _____
Eyeglasses: Y/N _____ Pets: Y/N _____
Alcohol or Drug Involvement: Y/N _____ Carrying anything: Y/N _____
Attach Photographs of Area: Y/N _____ Date/Time taken: _____ By Whom: _____
Misc. Observations: _____

WITNESSES (attach written statements if available)

1. Name _____ Phone: _____
Address: _____
Comments: _____
2. Name: _____ Phone: _____
Address: _____
Comments: _____
3. Name: _____ Phone: _____
Address: _____
Comments: _____

FOLLOW UP:

Who assisted the person? _____
Describe Follow up: _____

Archdiocese Contacted? Y N Designate Contacted: _____
Date Contacted: _____ Time: _____
Date reported to Insurance Provider: _____ Time: _____
(for Chancery Office only) _____

Any other support/services contacted (i.e. Police / Family Services etc...): Y N _____

Person Completing Report

Name: _____ Position: _____
Signed this: _____ day of _____ 20 _____ **Signature:** _____

Director/Pastor/Coordinator Name: _____ Position: _____

Signed this: _____ day of _____ 20 _____ **Signature:** _____

IMPORTANT:

- Do not accept liability in any situation for Third Party property damage or bodily injury.
- The form must be completed and submitted by email or fax to the Chancery Office at the earliest opportunity for possible referral to insurance providers. Treat any serious injury as a potential claim.
- It may be important to obtain written statements from those who have been directly involved in the reportable situation.
- Document as much information as possible immediately after the incident, including photos of the exact location, i.e., stairs, parking lot.

