Accident Report Archdiocese of Halifax-Yarmouth

Report Date:	2:		Reference No.:				
Position: Location:							
Date of accid	ent		Time of accid	dent am	/ pm		
Address/place	e where accide	ent hap	pened:				
	City _						
	Provin	ce					
	Postal	Code _					
Location of Occurrence (Check One)							
	Lobby		Walkway	Steps			
	Church		Parking Lot	Other			
<u>Cause</u> : (If possible and applicable, take a photograph of site ASAP)							
	Trip	Slip	Fall	Other			
Surface Conditions: (When applicable)							
	Dry	Wet	Icy	Snow			
	Oil/Grease		Mopped Floor	Other			
Temperature/Weather Conditions: (when applicable)							
	Below -10° C		0 to -10° C	0 to 10° C			

	10° C+	Rain	Sno	OW		
	Other					
Was anyone	injured?	Yes (If yes, complete Injured Parties Statement below) No				
Follow-Up re	equired: (This so	ection must be com	pleted)			
	•	t Follow-Up? s or request compen	Yes sation, payme Yes			
Did the injured threaten legal action Did the injured suffer any property damage (i.e. broken glasses, etc.)			Yes	s No		
<u>Medical Assi</u>	stance Provided	-				
	Destination:	Hospital Home		vn Doctor her	_	
	Transportation:	Own Car	Am	nbulance		
	Number of Am	bulance:				
					_	

If reporting one day or later after occurrence date, explain reason:

INJURED PARTY' STATEMENT

If an employee was injured, then: (if more than one employee was injured in the accident then please attach additional particulars to this report following the format below).

Injured Party's name		
Date of Birth:		
Male	Female	
Injured Party's address		
Phone number:		
	Id part of body affected	
		1 /

Please give a brief summary of the nature of the accident and any action taken to remedy/ resolve the situation:



WITNESS' STATEMENT

Was the accident witnessed by anyone? Yes _____ No _____

If yes, then (if more than one person witnessed the accident then please attach the additional particulars to this report following the format below):

Witness' Name	
Address	
City	
Province	
Postal Code	
Witness's statement, if any:	
Signature of Injured Party:	
Signature of Witness:	
Signature of Person Completing Report:	
<i><u>Note:</u></i> Please provide retain a copy of this form for your records and forwar	rd the

<u>Note:</u> Please provide retain a copy of this form for your records and forward the **original** to:

Melissa Lunn Archdiocese of Halifax-Yarmouth 1559 Brunswick Street, Suite 101 Halifax, NS B3J 2G1