

Accident Report
Archdiocese of Halifax-Yarmouth

Report Date: _____ Reference No.: _____

Reported by: _____

Position: _____

Location: _____

Contact information: _____

Date of accident _____ Time of accident _____ am / pm

Address/place where accident happened: _____

City _____

Province _____

Postal Code _____

Location of Occurrence (Check One)

Lobby Walkway Steps
Church Parking Lot Other _____

Cause: (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

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: _____

Description of injury and part of body affected _____

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: _____

Note: 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