

Archdiocese of Winnipeg Volunteer/Visitor Accident Report

Please print and complete all areas. If something does not apply, enter "DNA".

Part 1

Information

Last Name _____ First Name _____

Address _____ City _____ Prov _____

Postal Code _____ Phone # _____ Date of Birth _____

Volunteer Title _____

If not volunteer, what was the reason they were here: _____

Information About the Accident

Date of accident _____

Location of the accident _____

Name and position to whom the accident was reported to _____

Time of event _____ AM PM

Please describe the accident in as much detail as possible. (Use a separate sheet if necessary).

Witness(es) to accident:

Witness(es) recollection of events. Please state if the witness has recorded the events or if this has been paraphrased by a manger.

Casual Factors: Events and conditions that contributed to the accident. What was the root causes of the accident. Example: Improper equipment, lack of training, etc.

Corrective Actions: Those that have been, or will be taken, to prevent reoccurrence.

Part 2

Did the Volunteer/Visitor:

- Go home?
- Return to volunteering?
- Go to an emergency room?

If yes, where _____

- Go to a walk-in clinic/Doctor's office?

If yes, where _____

- Need to be hospitalized?

If yes, where _____

Did volunteer/visitor have any lost or restricted days from their workplace, school or volunteer positions?

Yes No

How many lost days? _____ How many restricted days? _____

Please tell us the part of the body that was injured and how it was affected. Be more specific than "hurt" or "sore". Example: "strained back", "Chemical Burn on hand". Indicate what side: Sprained right hand, dust in eye, bruised right shoulder.

What object or substance directly harmed volunteer/visitor? Examples: "concrete floor", "Chlorine".

Supervisor Comments

Date: _____

Supervisor Signature: _____ Volunteer/Visitor Signature: _____