Pursuant to the Queen’s University Off-Campus Activity Safety Policy, this Form is to be completed by the Off-Campus Activity Leader at the conclusion of an off-campus activity if a critical or non-critical incident occurred during the activity. The Report is to be submitted within two weeks of the conclusion of the activity to the Department/Unit Head (Person in Authority) who will review and forward it to the Department of Environmental Health and Safety.

Completed forms will be kept in a central repository in the Department of Environmental Health and Safety. Specific information that could assist others in planning and preparing for future off-campus activities will be disseminated to the University community.

<table>
<thead>
<tr>
<th>DEPARTMENT/UNIT:</th>
<th>PRINCIPAL INVESTIGATOR/ ACTIVITY COORDINATOR:</th>
</tr>
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<table>
<thead>
<tr>
<th>CATEGORY OF OFF-CAMPUS ACTIVITY:</th>
<th>OFF-CAMPUS ACTIVITY LEADER:</th>
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</thead>
<tbody>
<tr>
<td>□ Research □ Athletic</td>
<td></td>
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<tr>
<td>□ Academic □ Other extracurricular</td>
<td></td>
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<table>
<thead>
<tr>
<th>NUMBER OF PARTICIPANTS:</th>
<th>NATURE OF OFF-CAMPUS ACTIVITY:</th>
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<tbody>
<tr>
<td></td>
<td>Student group if applicable (e.g., Course # or Team Name): ____________________________________________________________________________</td>
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<tr>
<th>LOCATION OF OFF-CAMPUS ACTIVITY (please be specific: country, city, urban or remote, etc.):</th>
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<tr>
<th>DATE AND DURATION OF OFF-CAMPUS ACTIVITY:</th>
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1. During the course of the off-campus activity, were you required to respond to a critical incident, as defined in Section 7.0 (e) of the Queen’s University Off-Campus Activity Safety Policy?  
   Yes  No

If yes, please provide details about the nature of the incident, the response, and the final outcome:

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2. **During the course of the off-campus activity, were there any non-critical incidents, as defined in Section 7.0 (k) of the Queen’s University Off-Campus Activity Safety Policy?**

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If so, please provide details of non-critical incidents, including the nature of the incident, who was affected, the response required, and the outcome.

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3. **Were the participants required to undertake training (e.g., safety procedures, use of equipment, international travel or other specialized training) prior to taking part in the off-campus activity?**

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<tr>
<th>Yes</th>
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If yes, please specify the nature of the training.

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4. **Did the training address all contingencies encountered during the activity?**

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If no, please explain.

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5. **For future off-campus activities of this nature, would you recommend any changes to the training?**

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If yes, please specify.

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6. Where the participants provided with an opportunity to debrief and provide feedback at the conclusion of the Off-Campus Activity?

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If yes, please specify how the feedback was obtained:

- (a) one-on-one (oral) □
- (b) group debriefing session □
- (c) written Feedback/Evaluation form* □

*If written Feedback/Evaluation Forms were completed, please attach any that contain reports of health and safety incidents to this Report.

7. Additional comments:

________________________________________________________________________________________
________________________________________________________________________________________
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Person Completing the Post-Activity Incident Report:

_______________________________________________________________
Name & Title

- ☐ Principal Investigator/Activity Coordinator
- ☐ Off-Campus Activity Leader

Signature

______________________________________
Date

Confirmation of receipt of Post-Activity Incident Report:

_______________________________________________________________
Name & Title [Department/Unit Head (Person in Authority)]

Signature

______________________________________
Date

- One copy of this Form is to be retained in the office of the Department/Unit Head.
- The original is to be forwarded to the Department of Environmental Health and Safety, where it will be retained for a period established by the University’s Records Management System.