

Queen's University Off-Campus Activity Safety Policy Post-Activity Incident Report

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.

DEPARTMENT/UNIT:	PRINCIPAL INVESTIGATOR/ ACTIVITY COORDINATOR:
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CATEGORY OF OFF-CAMPUS ACTIVITY: <input type="checkbox"/> Research <input type="checkbox"/> Athletic <input type="checkbox"/> Academic <input type="checkbox"/> Other extracurricular	OFF-CAMPUS ACTIVITY LEADER:
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NUMBER OF PARTICIPANTS:	NATURE OF OFF-CAMPUS ACTIVITY: Student group if applicable (e.g., Course # or Team Name): _____
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LOCATION OF OFF-CAMPUS ACTIVITY (please be specific: country, city, urban or remote, etc.):
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DATE AND DURATION OF OFF-CAMPUS ACTIVITY:
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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
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If yes, please provide details about the nature of the incident, the response, and the final outcome:

Queen's University Off-Campus Activity Safety Policy
Post-Activity Incident Report

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?

Yes No

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

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?

Yes No

If yes, please specify the nature of the training.

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

Yes No

If no, please explain.

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

Yes No

If yes, please specify.

Queen's University Off-Campus Activity Safety Policy
Post-Activity Incident Report

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

Yes No

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:

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.