

2. During the course of the off-campus activity, were there any non-critical incidents, as defined by the 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.

MOUNT ROYAL UNIVERSITY
Off-Campus Activity Safety Policy
Post-Activity Incident Report

FORM THREE
Page 3

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 Office of Risk Management, where it will be retained for a period established by the Mount Royal's Records Management System.