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

## FORM THREE Page 1

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 Office of Risk Management.

Completed forms will be kept in a central repository in the Office of Risk Management. Specific information that could assist others in planning and preparing for future off-campus activities will be disseminated to the Mount Royal community.

DEPARTMENT/UNIT:	PRINCIPAL INVESTIGATOR/ ACTIVITY COORDINATOR:
CATEGORY OF OFF-CAMPUS ACTIVITY: Research Athletic Academic Other extracurricular	OFF-CAMPUS ACTIVITY LEADER:
NUMBER OF PARTICIPANTS:	NATURE OF OFF-CAMPUS ACTIVITY:
	Student group if applicable (e.g., Course # or Team Name):
LOCATION OF OFF-CAMPUS ACTIVITY (please be specific: of	country, city, urban or remote, etc.):
DATE AND DURATION OF OFF-CAMPUS ACTIVITY:	
During the course of the off-campus activity, were you requested Safety Policy?  Yes	nired to respond to a critical incident, as defined by the Off-Campus Activity  No
If yes, please provide details about the nature of the inciden	

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

# FORM THREE Page 2

Policy		dents, as defined by the Off-Campus	Activity Safety
Policy	Yes	No	
If so, pl	please provide details of non-critical incidents, including the nature of the	ne incident, who was affected, the re	sponse required, and
0 111 11			
	the participants required to undertake training ( $e.g.$ , safety procedures, $u$ g) prior to taking part in the off-campus activity?	use of equipment, international trave	or other specialize
		Yes	No
If yes, pleas	ase specify the nature of the training.		
4. Did the	e training address all contingencies encountered during the activity?  Yes	No	
4. Did the		No	
4. Did the	Yes	No	
4. Did the	Yes	No	
4. Did the	Yes	No	
4. Did the	Yes	No	
4. Did the	Yes	No	
	Yes  If no, please explain.  ture off-campus activities of this nature, would you recommend any cha	anges to the training?	
	Yes  If no, please explain.  ture off-campus activities of this nature, would you recommend any characters.		
5. For fut	Yes  If no, please explain.  ture off-campus activities of this nature, would you recommend any characters.	anges to the training?	
5. For fut	Yes  If no, please explain.  ture off-campus activities of this nature, would you recommend any characters.	anges to the training?	
5. For fut	Yes  If no, please explain.  ture off-campus activities of this nature, would you recommend any characters.	anges to the training?	

### 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 o	debrief and provide feedback at the conclusion of the Off-Campus Activity?  Yes  No
If yes, please specify how the feedback was of (a) one-on-one (oral) (b) group debriefing session (c) written Feedback/Evaluation form*	btained:
*If written Feedback/Evaluation Forms were completed, Report.	, please attach any that contain reports of health and safety incidents to this
7. Additional comments:	
erson Completing the Post-Activity Incident Report:	Confirmation of receipt of Post-Activity Incident Report:
ame & Title	Name & Title [Department/Unit Head (Person in Authority)]
rincipal Investigator/Activity Coordinator ff-Campus Activity Leader	
ignature	Signature
ate	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.