
Critical Incident Report (CIR)

Category: Operational

Date Established: 13/02/2017

CIR Number: _____

Date Last Revised: 12/11/18

Related Document: Critical Incident Policy and Reporting Procedures

DETAILS

Name of person(s) involved in the Incident/Accident:

Date of Incident: _____ Time of Incident: _____

First Responders (911) required? Yes No Time called: _____

Personal emergency contact called? Yes No Time called: _____

PAL Executive Director contacted? Yes No Time called: _____

Location where Incident/Accident occurred (e.g. which facility; which area or room)

Description of the Incident/Accident (please be specific & attach additional pages if necessary) If activity was outside, include weather conditions at the time of the incident.

Describe any perceived contributing factors (e.g. floor conditions; tripping hazards etc)

Please obtain contact information for the injured party.

Name: _____ Address: _____

Phone: _____

List contact information for any members who witnessed the incident/accident.

Name: _____ Name: _____

Address: _____ Address: _____

Phone : _____ Phone: _____

Ask witnesses to write out their observations of the incident and email to you for attachment to this report.

How did the injured party leave the premises? (e.g. ambulance; family member or friend)

Please obtain contact information for the escort picking up the injured party.

Name: _____ Relationship: _____

Phone: _____ Address: _____

Additional Comments: (as needed)

Report Completed By: (Program Leader)

Date: _____

PLEASE PRINT NAME & SIGN

THIS NEXT SECTION TO BE COMPLETED BY PAL (55+) EXECUTIVE DIRECTOR

Contact Winnipeg Regional Health Authority

Additional Comments: (as needed)

Report Submitted By: (Executive Director)

PLEASE PRINT NAME & SIGN

Date: _____

List attachments to this report
