



**Archdiocese of Agana**  
 196 Cuesta San Ramon, Ste. B, ■ Hagåtña, GU 96910  
 Tel: (671)472-6116  
 Fax: (671)477-3519

## PARISH/SCHOOL INCIDENT REPORT FORM

<b>PARISH / SCHOOL NAME:</b>		<b>DATE OF REPORT:</b>	
<b>ADDRESS:</b>		<b>DEPARTMENT:</b>	
<b>LOCATION AT WHICH INCIDENT TOOK PLACE:</b>			
<b>DATE OCCURRED:</b>		<b>TIME OCCURRED:</b>	
<b>TYPE/STATUS: (circle)</b>			
Paid Worker / Full Time	Paid Worker Part Time / Casual	Clergy	Volunteer
		Contractor	General Public/Students
Others, Please Specify:			
<b>INCIDENT CLASSIFICATION: (circle)</b>			
No Injury	First Aid Only	Medical Treatment	Near Miss
Serious injury/illness	Dangerous Incident	Fatality	Electric Shock/Burn
Others, please specify:			
<b>DESCRIPTION OF INCIDENT / HOW DID IT OCCUR:</b>			
<b>PERSONS OR PROPERTY INVOLVED IN THE INCIDENT:</b>			
<b>NAME:</b>			<b>AGE:</b>
<b>ADDRESS:</b>			<b>TELEPHONE NO:</b>
<b>EMAIL:</b>			
<b>WHY WAS THE PERSON ON PREMISES:</b>			
<b>NATURE &amp; EXTENT OF INJURY:</b>			
<b>NAME:</b>			<b>AGE:</b>
<b>ADDRESS:</b>			<b>TELEPHONE NO:</b>
<b>EMAIL:</b>			
<b>WHY WAS THE PERSON ON PREMISES:</b>			
<b>NATURE &amp; EXTENT OF INJURY:</b>			
<b>NATURE &amp; EXTENT OF INJURY:</b>			
<b>NAME:</b>			<b>AGE:</b>
<b>ADDRESS:</b>			<b>TELEPHONE NO:</b>
<b>EMAIL:</b>			
<b>WHY WAS THE PERSON ON PREMISES:</b>			
<b>NATURE &amp; EXTENT OF INJURY:</b>			

WITNESS:			
NAME:		AGE:	
ADDRESS:		TELEPHONE NO:	
EMAIL:			
NAME:		AGE:	
ADDRESS:		TELEPHONE NO:	
EMAIL:			
NAME:		AGE:	
ADDRESS:		TELEPHONE NO:	
EMAIL:			
Use a separate sheet if there is more than three (3) involved			
IF PROPERTY DAMAGED/LOST:			
LIST OF PROPERTY		ESTIMATED COST	
REPORTS MADE TO THE AUTHORITY (POLICE/FIRE DEPARTMENT)			
NAME OF OFFICER:		BADGE NO:	
CONTRACT INFORMATION:			
AMBULANCE:			
REMARKS:			
ADDITIONAL ACTIONS TAKEN RELATED TO THE INCIDENT:			
IMMEDIATE PREVENTIVE MEASURES PUT IN PLACE AFTER THE INCIDENT:			
OTHER INFORMATION / REFERRAL:			
FORM COMPLETED BY:			
TITLE:			
TELEPHONE:		EMAIL:	
SIGNATURE:			

REPORT TO ARCHDIOCESE OF AGANA CHANCERY OFFICE ON NEXT BUSINESS DAY (671-562-0015)

SEND A COPY TO CHANCERY OFFICE AND KEEP ONE COPY FOR YOUR FILE

AOA-PSIRF-022 Rev. 2017.03.18