



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

PARISH/SCHOOL INCIDENT REPORT FORM

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

WITNESS:			
NAME:		AGE:	
ADDRESS:		TELEPHONE NO:	
EMAIL:			
NAME:		AGE:	
ADDRESS:		TELEPHONE NO:	
EMAIL:			
NAME:		AGE:	
ADDRESS:		TELEPHONE NO:	
EMAIL:			
Use a seprate 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:			
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