

Witnesses

Ask any witnesses to the accident to describe what happened. Have two brothers present to document the comments, questions, and answers. No one is obligated to answer these questions. The following questions should be asked: 1. What were you doing when the accident occurred? 2. Did you see the accident? 3. According to your understanding, what happened? (Please do not ask any other questions; specifically, do not discuss who or what may have been at fault, the cause of the accident, or reference to any legal action.)

Name: _____ (Phone Number) _____

Address: _____
(Street) (City) (State) (ZIP)

Name: _____ (Phone Number) _____

Address: _____
(Street) (City) (State) (ZIP)

Other Individuals who may have helpful information

Name: _____ (Phone Number) _____

Address: _____
(Street) (City) (State) (ZIP)

Coordinating Elder

Name: _____ (Phone Number) _____

Address: _____
(Street) (City) (State) (ZIP)

(Cong. Name) (City) (State) (Cong. No.)

If a citation was issued for the violation of any ordinance or statute, please enclose a copy of the citation. If an investigation was conducted by a third party (i.e. Police, Insurance Company, Attorney, etc...) please provide us with a copy of their report along with the name, address, and telephone number of the person conducting the investigation.

Signature of Presiding Overseer

Date Completed

Return completed form along with copies of citations, investigation reports, and/or eyewitness accounts of the accident (if applicable) to:

Watchtower
Attn: Risk Management
25 Columbia Heights
Brooklyn, NY 11201-2483

Information about the Injured Person

(If the injured person is unavailable to answer questions, please complete this information to the best of your knowledge)

Name: _____ (Phone Number) _____

Address: _____
(Street) (City) (State) (Zip)Age: _____ ☐ Male ☐ Female ☐ Baptized ☐ Elder ☐ Ministerial Servant ☐ Pioneer ☐ Other _____

Occupation: _____ Employer: _____

☐ Health Insurance Name of Insurance Company: _____**Location of Accident**

Facility Name: _____

Address: _____
(Street) (City) (State) (Zip)

Date of Accident: _____ Time of Accident: _____

Activity when Accident Occurred: _____

Description of Injury

For *Description of Injury* and *Injured Person's Account* sections: Ask the injured party what happened. Have two brothers present while documenting the comments, questions, and answers. The following questions should be asked. 1. What were you doing when the accident occurred? 2. How did the accident happen? 3. What injury did you suffer?

Description of Injury: _____

How was it treated? ☐ Doctor's Office ☐ Hospital Outpatient ☐ Hospital Inpatient

Doctor's Name: _____ (Phone) _____

Doctor's Address: _____
(Street) (City) (State) (Zip)

If hospitalized how taken to hospital? _____ Expected recovery duration: _____

Injured Person's Account

Please describe how the accident occurred, including all contributing factors. _____

Please attach a **diagram** on letter-size paper of the location describing where the injury occurred.

Please attach **photographs** of the location of the accident, showing the arrangement of items at the time of the accident. Please indicate if the photographs are of the scene shortly after the accident, or if some time has passed and this is a reconstruction of the accident site.

PROPERTY LOSS REPORT

Congregation Number: _____

Date Loss Occurred: _____

Congregation Name: _____
(Name) (City) (State)

Loss Information

☐ Burglary ☐ Fire ☐ Glass ☐ Vandalism ☐ Vehicle ☐ Windstorm/Hail ☐ Water Damage ☐ Other

Has Regional Building Committee been contacted to provide skilled workers, if necessary? ☐ Yes ☐ No

Property Damaged: (List each item, giving the cost to repair. Please attach written estimates or bills for each.)

Property Stolen: (List each item, giving the cost to replace. Please attach written estimates or bills for each.)

TOTAL AMOUNT OF CLAIM: \$ _____
(Must equal total of attached estimates and bills.)

If burglary, vandalism, or vehicle damage, please report to the police and attach a copy of their report. Also, if it was a burglary, please send details of what loss control measures have been taken or planned to minimize the chance of reoccurrence.

Is identity of one responsible for damage known to you or the police? ☐ Yes ☐ No

Name and phone number of two elders who may be contacted during business hours:

(Name)

(Name)

(Phone)

(Phone)

(Date completed)

(Signature of Presiding Overseer)

Return completed form with written estimates/bills and a copy of the police report (if applicable) to:

Watchtower
Attn: Risk Management Office
25 Columbia Heights
Brooklyn, NY 11201-2483

LOSS CONTROL CHECKLIST

Name of Congregation: _____
 Street Address: _____
 State: _____

Congregation No.: _____
 City: _____
 Zip Code: _____

FIRE PROTECTION				HOUSEKEEPING (contd)				LIGHT, POWER, HEAT, AND APPLIANCES (contd)			
YES	NO	N/A*		YES	NO	N/A*		YES	NO	N/A*	
Are all fire extinguishers:				Is the building locked when there is no one on the premises?				Is air-conditioning equipment cleaned and serviced by a competent serviceman?			
a. Serviced annually?	☐	☐	☐	Is attic free of flammable materials?	☐	☐	☐	Date serviced _____	☐	☐	☐
b. Tagged with date of last service?	☐	☐	☐	EXITS AND ACCESS				Are motors kept clean and adequately ventilated to reduce overheating?	☐	☐	☐
Date last serviced _____	☐	☐	☐	Are all exits visible and unobstructed?				Are all electrical appliances properly grounded?	☐	☐	☐
c. Easily accessible?	☐	☐	☐	Are all exits marked with a readily visible sign that is properly illuminated?				Are furnace rooms and boiler rooms free of flammable material?	☐	☐	☐
d. Hung within 75' of any part of each floor depending on size, in a conspicuous place?	☐	☐	☐	Are all exit doors:				Are furnace rooms and boiler rooms free of lawn mowers and gasoline cans?	☐	☐	☐
e. Not subject to freezing if water or soda acid?	☐	☐	☐	a. Arranged to open outwards?	☐	☐	☐	MONEY			
Are periodic tests and inspections made of the following to insure proper operation:				b. Easily operated?	☐	☐	☐	Are money collections deposited the same day in a night bank depository?	☐	☐	☐
a. Fire hoses	☐	☐	☐	c. Provided with anti-panic hardware in all public rooms and areas?	☐	☐	☐	Are residents in the immediate area and local police asked to keep an eye out for suspicious activities?	☐	☐	☐
Date tested _____	☐	☐	☐	Are all fire escapes in good condition?	☐	☐	☐	KITCHEN			
b. Automatic sprinkler system	☐	☐	☐	Are there any holes or cracks in sidewalks or parking lots?	☐	☐	☐	Are hood, ducts, ovens, ranges, and filters cleaned on a regular basis?	☐	☐	☐
Date tested _____	☐	☐	☐	Will they be filled?	☐	☐	☐	Is the automatic fire extinguishing system inspected and maintained by contract?	☐	☐	☐
c. Fire alarm system	☐	☐	☐	SIDEWALKS AND PARKING AREAS				FIRST AID			
Date tested _____	☐	☐	☐	Are all areas free of conditions which will cause slipping and falling?	☐	☐	☐	Is only the minimal emergency first aid and treatment administered?	☐	☐	☐
STAIRS AND DOORS				Is there adequate exterior lighting at night?	☐	☐	☐	No medications kept at this location?	☐	☐	☐
a. Stairs covered with anti-slip surfaces?	☐	☐	☐	Are all steps and ramps provided with securely fastened handrails?	☐	☐	☐	Signature and phone numbers of operating committee			
b. All handrails securely fastened?	☐	☐	☐	LIGHT, POWER, HEAT, AND APPLIANCES				1. _____			
c. Hallway doors kept closed when not in use?	☐	☐	☐	Is all heating equipment (incl. flues and pipes):	☐	☐	☐	2. _____			
d. Full length clean glass doors and windows marked to avoid someone's walking into them?	☐	☐	☐	a. Properly insulated from combustible materials?	☐	☐	☐	3. _____			
HOUSEKEEPING				b. Cleaned and serviced annually by a competent heating contractor?	☐	☐	☐	Date completed: _____			
Are waste receptacles provided and are they emptied regularly?	☐	☐	☐	Are electrical, heating, and A/C rooms:	☐	☐	☐	(Please complete and return to the Society)			
Are storage and supply rooms neat and orderly?	☐	☐	☐	a. Restricted to authorized personnel only?	☐	☐	☐	Printed in U.S.A.			
Are flammable paints and liquids:	☐	☐	☐	b. Free of combustible storage?	☐	☐	☐				
a. Kept to an absolute minimum?	☐	☐	☐	Are electrical extension and appliance cords in good condition?	☐	☐	☐				
b. Kept in sealed metal containers?	☐	☐	☐	Has the electrical system been checked and serviced by a competent electrician within the past five years?	☐	☐	☐				
c. Stored in approved flammable liquids storage cabinets?	☐	☐	☐	Date of last inspection _____	☐	☐	☐				
Are only non-flammable cleaning materials used?	☐	☐	☐								
Are all closets free of oily mops and flammable materials?	☐	☐	☐								