



General Liability Claims Checklist

Document(s) Encl.	Document(s) To Follow	Not Appl.	NAMED INSURED:
			CLAIMANT:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copy of medical records for admission and/or emergency attendances concerning the events complained of if the patient/client/visitor received medical treatment.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Incident report.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Security occurrence reports.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sections of the departmental manual applicable to the incident, i.e. policies with respect to maintenance, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Relevant log books, i.e. maintenance, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Documentation with respect to any remedial measures taken to rectify the situation.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any details with respect to weather information, if relevant.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Copies of any appropriate maintenance contracts, if relevant.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Consider whether there would have been any committee discussion of this particular case or these types of cases and obtain copies of same, i.e. Board of Directors, Quality Assurance Committee, etc.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any investigation or review conducted on behalf of the organization or within the knowledge of the organization.
			If there is any possible equipment failure involved in this incident then:
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Copies of repair manuals;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Service records;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Sales letters;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Sales contract;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Service contract;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Any other maintenance records concerning this equipment or this incident;
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Has the equipment in question been secured? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Any memoranda or information circulated in the Healthcare Organization regarding this case or this type of case.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Correspondence from the victim, victim's family or anyone concerning the treatment of the victim.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Notes kept by any doctor or employee as a result of discussions with the victim, the victim's family or others.