

INCIDENT REPORT FORM



Name/s of person involved in the incident: _____

Description of the incident:

Date of incident/accident: _____

Time incident occurred: _____

Location of incident: _____




Program/Ministry Area: _____

Nature and extent of any injuries sustained:

Immediate action taken (including any first aid treatment or medical attention):

If no action taken – reason:

Were any of the following contacted?

- | | | | |
|---|-------------------|------------------------------|-----------------------------|
|  | Parents/Guardians | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|  | Police | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
|  | Ambulance | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
-

Name of person completing the form: _____

Date: _____

Signature: _____

This incident was reported to: _____

Please submit the completed form to the Church Office.

Safety Officer notes (including response, investigation outcome or any training or preventative action taken):
