

Incident Reporting Form

Use this form to report an accident, injury, or incident at the time of rental of the facilities.
Return completed form to the Church Administrator within 12 hours of the reported incident.

This is documenting an:

Injury

First Aid

Incident

Close Call

Observation

Details of person injured or involved (to be filled in by person injured / involved if possible)

Name of Person Completing Report: _____

Phone: _____ Email: _____

Date: _____

Person(s) Involved: _____

Event Details

Date of Event _____ Location of Event _____

Time of Event _____ Witnesses: _____

Description of Events (Describe sequence of events that led up to the incident):

*If more space is required please use the back of this sheet

Was event / injury caused by an unsafe act (activity or movement) or an unsafe condition (inside or outside the building)? Please explain:

TO BE COMPLETED ONLY IF INJURY OR FIRST AID WAS REQUIRED

Type of injury sustained:	
Cause of lost time/ injury or first aid:	
Was medical treatment necessary?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, name of hospital or physician:

Signature of Lessee: _____ Date: _____

Signature of Church Administrator _____

Date: _____