

# INCIDENT REPORT

Please use this report for incidents causing personal injury or property damage at Greater Portland Bible Church activities. This includes medical incidents, fires, disruptive and/or criminal activities. Include as much detail as you can remember. Use additional paper when necessary.

Type of incident \_\_\_\_\_

Date & time of incident \_\_\_\_\_

Location of incident (include room number/name) \_\_\_\_\_

Date incident reported \_\_\_\_\_

Person reporting incident \_\_\_\_\_

Phone numbers—Home \_\_\_\_\_ Cell \_\_\_\_\_

Work phone \_\_\_\_\_

Name(s) and information of person(s) injured or victim

*Please put additional names and addresses on the back of this form and check this box  . If not applicable, please indicate "None":*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone numbers: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Name(s) & Phone number(s) of witness(es)

*(Please put additional witness information on the back of this form and check this box  .)*

OVER

Description of injuries or property damage

How were injuries treated and by whom?

If medical incident, was the person transported to a medical facility? Yes No

If so, which one? \_\_\_\_\_

By whom? \_\_\_\_\_

*(If an ambulance company has been involved, identify it and who summoned the ambulance.)*

Was 911 called? Yes No Which agency responded? \_\_\_\_\_

Name and Badge Number of person in charge \_\_\_\_\_

Additional victim information

Additional witness information

Report completed by \_\_\_\_\_

*Printed*

*Signature*

**Please give this completed report to Safety Team Coordinator or the Office Receptionist.**