



# Incident Report Form

This form is to be completed by the Ministry Leader whenever an incident (eg injury, accident, etc) occurs. The completed form needs to be handed to one of the pastoral team or into the church office.

## GENERAL INFORMATION

Name of Ministry or activity \_\_\_\_\_

Leader's Full Name \_\_\_\_\_

Full Name of injured person \_\_\_\_\_ Date of birth \_\_\_\_\_

Full Name of spouse/parent/guardian \_\_\_\_\_

Address \_\_\_\_\_

Home phone \_\_\_\_\_ Mobile phone \_\_\_\_\_

Date of incident \_\_\_\_\_ Time of incident \_\_\_\_\_

## DESCRIPTION OF INCIDENT

Describe the incident (if necessary, use over the page or sketch) \_\_\_\_\_

Where in the facility did the incident happen \_\_\_\_\_

What area of the person's body was injured? \_\_\_\_\_

## WHAT CONTRIBUTED TO THE INCIDENT

How did the incident happen? \_\_\_\_\_

Give the full name(s) of the closest witness(es) to the incident \_\_\_\_\_

## ACTIONS TAKEN AT THE TIME OF THE INCIDENT

How did the person respond after the incident? \_\_\_\_\_

Was first aid given or some other action taken? Yes / No

If yes, what and by whom (full name) ? \_\_\_\_\_

## INVESTIGATION

Incident investigated by \_\_\_\_\_ Date \_\_\_\_\_

Ministry Leader's Full Name \_\_\_\_\_

Ministry Leader's signature \_\_\_\_\_ Date \_\_\_\_\_

Please speak to the Pastoral Team Leaders if you have any suggestions to eliminate or reduce the risk of this incident re-occurring

Date \_\_\_\_\_ By whom \_\_\_\_\_ Signature \_\_\_\_\_

|                     |
|---------------------|
| Name _____          |
| Incident date _____ |

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