



Incident Report

First Baptist Church of District Heights

Use this form to report accidents, injuries, medical situations, or children and youth behavior incidents. (Incidents involving a crime or traffic incident should be reported directly to the Senior Minister of Operations.) The report form should be completed within 48 hours of the incident and submitted to the Church Clerk.

INFORMATION ABOUT PERSON INVOLVED IN THE INCIDENT

Full Name				
Home Address				
<input type="checkbox"/> Member	<input type="checkbox"/> Staff	<input type="checkbox"/> Children or Youth	<input type="checkbox"/> Visitor	<input type="checkbox"/> Vendor
Phone Numbers	Home	Cell	Work	

INFORMATION ABOUT THE INCIDENT

Date and Time of Incident	Event (if applicable)	Police Notified <input type="checkbox"/> Yes <input type="checkbox"/> No
Location of Incident		
Description of Incident (what happened, how it happened, factors leading to the incident, etc.). Please be as specific as possible and use the additional sheets if necessary.		
Were there any witnesses to the incident? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, use the additional sheets with names, addresses, and phone numbers.		
Was the individual injured? If so, describe the injury (laceration, sprain, etc.), the part of body injured, and any other information known about the resulting injury(ies).		
Was medical treatment provided? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Refused		
If yes, where was treatment provided: <input type="checkbox"/> On site <input type="checkbox"/> Urgent Care <input type="checkbox"/> Emergency Room <input type="checkbox"/> Other		
If yes and On Site, what treatment provided: _____		

STAFF INFORMATION

Staff Report (print name)	
Signature	Date Report Completed

FOR OFFICE USE ONLY

Report Received by _____ Date _____

Incident Control Number _____