First Memorial Baptist Church Incident Report Form

Use this form to report any church accident, injury, incident, close call or illness.
Return completed form to the Church Administrator. Forms should be submitted immediately when possible and no later than 2 to 3 days after 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)

Person Completing Report:_____ Date:_____

Person(s) Involved:_____

Incident Details

Date of Event:_____ Time of Event:_____

Location of Event:____Sanctuary ____Family Life Center ____ Parking Lot ___Other

If other, please explain_____

Witnesses:_____

Description of Incident (ie cuts, broken bones, theft, damage, dispute):

_____

_____

_____

_____

_____

*If more space is required please use another sheet.

Complete this section for All individuals involved in the incident.

Name:_____Age:_____Membership: Yes OR No

Home Phone:_____ Mobile:_____ Work Phone:_____

Name:_____Age:_____Membership: Yes OR No

Home Phone:_____ Mobile:_____ Work Phone:_____

Complete this section for witness(es) to the incident.

Name:_____Home Phone:_____Mobile: _____

Address:_____ City:_____ State:____ Zip Code_____

Name:_____Home Phone:_____Mobile: _____

Address:_____ City:_____ State:____ Zip Code_____

Were police notified: Yes___ No___ Case Number:_____ (attach to form)	
Type of injury sustained:	
Cause of injury or first aid:	
Was medical treatment offered and/or required?	Yes_____ No_____ If yes, by whom?_____Phone:_____
Was first aid/treatment provided?	Yes_____ No_____ If yes, by whom?_____Phone:_____
Were any of the following performed?	___BP ____Temp _____Pulse _____Other_____
Was ambulance contacted?	Yes_____ No_____
Was person transported by ambulance?	Yes_____ No_____ If yes, which hospital?_____ Name of ambulance company_____
Did person refuse to be taken to hospital by ambulance?	Yes_____ No_____

Follow-Up Date:_____ Follow-Up Time:_____

Name of person completing this report:_____

Phone: _____

Signature:_____