

YOUR
CHURCH INFO
HERE

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CHECK IF SENSITIVE REPORT
FILE SEPARATELY!

ADVERSE INCIDENT REPORT

CHECK THE APPROPRIATE TYPE, COMPLETE THE INFORMATION REQUESTED AND RETURN TO THE CHURCH OFFICE IMMEDIATELY—THANK YOU

CRIME MEDICAL PROPERTY DAMAGE HAZARDOUS CONDITION

CRITICAL MAINTENANCE OTHER

DESCRIPTION OF INCIDENT OR CONDITION:

ACTION TAKEN AT TIME OF INCIDENT (FIRST AID, 9-1-1, ETC):

DATE TIME LOCATION

REPORTED BY: PHONE:

PRIMARY INVOLVED PARTIES:

CONTACT INFORMATION:

WITNESSES: PHONE

WITNESSES: PHONE

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9-1-1 CALLED? YES NO AGENCY REPORTED TO:

DID THE AGENCY RESPOND TO SCENE? YES NO ONLINE REPORT

INCIDENT REPORT # OFFICER?

COMPLETED BY: PHONE:

DATE COMPLETED TIME PHOTOS TAKEN YES NO

USE BACK FOR ADDITIONAL COMMENTS IF NEEDED

NOTIFICATIONS DATE FOR OFFICE USE ONLY
TIME REVIEWED BY

RECTOR _____ _____ _____
MINISTRY ADMIN _____ _____ _____
MAINTANENCE _____ _____ _____
SAFETY TEAM _____ _____ _____

TO ADMIN FOR FILING _____ _____

INSTRUCTIONS FOR COMPLETION

PLEASE COMPLETE THIS FORM AS SOON AS POSSIBLE AFTER THE EVENT
PLEASE WRITE LEGIBLY AND COMPLETELY AND USE BLACK OR BLUE INK
COMPLETE CLASS OF INCIDENT BOX OR BEST DESCRIPTION IN "OTHER"

CALL 9-1-1 ON ALL CRIMINAL RELATED MATTERS IMMEDIATELY

TO INCLUDE BUT NOT LIMITED TO:

- TRESPASS, THEFT, CRIMINAL BEHAVIOR
- MALICIOUS MISCHIEF
- DISRUPTIVE PERSONS
- THREATS
- ANY SUSPICIOUS CIRCUMSTANCE CAUSING FEAR OR ALARM

CALL 9-1-1 FOR ALL MEDICAL INCIDENTS IMMEDIATELY IF THERE IS ANY
QUESTION OF SEVERITY OF INJURY OR ILLNESS TO INCLUDE BUT NOT LIMITED TO:

- SEVERE BLEEDING
- DIFFICULTY BREATHING
- ALLERGIC REACTION
- CHEST PAIN
- LOSS OF OR ALTERED CONSCIOUSNESS
- SEVERE PAIN OR INABILITY TO MOVE NORMALLY

CALL 9-1-1 FOR ANY CONDITION SUGGESTING THE POSSIBILITY OF FIRE
SCHOOL SHOULD COMPLETE THIS FORM AND THEIR PROTOCOLS

WORK-RELATED INJURIES MUST BE REPORTED BY LAW TO LABOR & INDUSTRIES

HAZARDOUS CONDITIONS SHOULD BE REPORTED TO THE RECTOR IMMEDIATELY

RESOURCE NUMBERS:

POISON CONTROL 800-222-1222

YOUR MEDICAL CENTER XXX-XXX-XXXX

AMBULANCE XXX-XXX-XXXX (for destination hospital INFO ONLY—CALL 9-1-1 FOR HELP)

FOR SENSITIVE OR MEDICAL EVENTS, CHECK THE BOX AT THE TOP ON THE FIRST PAGE

NOTES:

FORWARD TO ADMINISTRATIVE ASSISTANT WHEN COMPLETE