Incident Report Form

Use this incident report form for all injuries, whether for Pathfinder/Adventurer or otherwise supervisor of activity / individual. Must complete and return to HR department **SAME DAY** of Incident.

Reporting Date: _____ **Time & Date of Incident:** _____

1.Type of activity: _____

2.Name of persons involved in the incident:_____

_____

3.What happened: _____

_____

_____

4.Where did it happened: _____

_____

5.How did it happened: _____

_____

_____

6.Supervisor in charge:_____

Phone #: _____ E-mail: _____

7.Was this a church/conference sponsored event? Yes_____ No_____

8.Did injured receive medical attention? (if so, where) Yes_____ No_____

Where: _____

Individuals involved:

Name:_____ Phone #:_____

Address: _____

E-mail: _____

Name:_____ Phone #:_____

Address: _____

E-mail: _____

Name:_____ Phone #:_____

Address: _____

E-mail: _____

_____ _____

Name of person completing the form Signature

E-mail: _____ Phone #: _____

Return to: E-mail- jrupe@okadventist.org, Fax Number- (405)721-7594 or Call- (405)721-6110