



Incident Report Form

Name: _____

Location: _____

Type of Incident: _____

Injury: _____

Other (complaint, concern, injury of any type, which might need documentation.)

Date of Incident: _____

Any Witnesses? Yes No

Name: _____ Name: _____

Address: _____ Address: _____

City/State/Zip: _____ City/State/Zip: _____

Phone: _____ Phone: _____

Please explain the situation/incident which took place (for an injury, also complete the second page).

Resolution:

If injury, complete this section:

Date of Injury: _____

How much time elapsed between injury and first aid? _____

What was the nature of the injury? _____

Name of person who provided first aid: _____

Type of first aid administered: _____

Disposition:

Continued activity

_____ Sent to Unit _____ Health Center _____ Hospital _____ Sent home

If hospital, how was injured party transported? Volunteer vehicle _____

Ambulance _____

Parent(s)/Emergency Contact:

was/were notified _____

was/were not notified _____

If notified, date and time of contact _____

If not notified, why not? _____

If there was equipment involved in the injury, what equipment and what condition was it in?

Additional information?

Report Submitted by _____

Date _____

Telephone Number _____