

INCIDENT REPORT FOR INJURIES

Location: _____

Last Name: _____ Date of Incident: _____

Complete this report for all incidents/injuries. This report is for information only. Please read each question carefully and answer all questions as completely as you can. Do not leave any blanks, unless the question doesn't apply.

Location Name: _____

Name of Person Injured: _____

Address: _____

City/State: _____ Home Phone: _____ Cell Phone: _____

Name of any Witnesses / Phone Numbers: _____

When did incident occur? Date: _____ Time: _____ AM / PM

Describe the Incident: *(Who, What, When, Where & How)*

Action Taken: _____

Were Paramedics called to the scene? _____ Were they transported by an Ambulance? _____

Did injured person seek medical care? _____

Signature of Person Making Report

Date

Signature of Priest/Ministry Leader/ Director

Date

Please forward this form to the Risk Management Office, Archdiocese of Mobile. Scan and e-mail it to riskmgmt@mobarch.org or fax it to (251) 434-1547