

Incident Report Form

Use this incident report form for all injuries, whether for employee or camper- worker's compensating or otherwise supervisor of activity/ individual, or nurse, must complete

Reporting Date : _____ Date & Time of Incident : _____

1, Who was involved (state whether employee, camper, or student also): _____

2, What happened:

3, When did it happen:

4, Where did it happen:

5, How did it happen:

6, Supervisor in charge:

7, Type of activity:

8, Was activity work related: Yes _____ No _____

9, Did injured receive medical attention: Yes _____ No _____

A, Where: _____ B, Facility Phone: _____

10, Names, Phone numbers & Addresses of individuals involved:

1) Name: _____ Phone: _____

Address: _____

Email: _____

2) Name: _____ Phone: _____

Address: _____

Email: _____

3) Name: _____ Phone: _____

Address: _____

Email: _____

4) Name: _____ Phone: _____

Address: _____

Email: _____

Person completing form : _____
Print Name Phone

Signature

Nurse on Duty: Yes _____ No _____

Nurse Signature



OKLAHOMA CONFERENCE OF SEVENTH-DAY ADVENTIST

Fax: 405-721-7594, email jrupe@okla-adventist.org

or call Joan Rupe 405-721-6110 or 405-204-4167 SAME DAY