



## 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@okla-adventist.org](mailto:jrupe@okla-adventist.org), Fax Number- (405)721-7594 or Call- (405)721-6110