

**Forge Clarity Incident Report Form**

Participant Name: \_\_\_\_\_

Date/Time: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

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Actions Taken: \_\_\_\_\_

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Emergency Services Contacted? ☐ Yes ☐ No

Supervisor Notified:

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Follow-Up Plan:

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Volunteer Signature: \_\_\_\_\_

Document Last Updated: 10/04/2025