

Church Incident Report

Please fill out this form completely for any safety-related incident occurring while serving as a volunteer, whether or not the incident resulted in injury. Complete the form as soon as possible after the incident. In completing the form, provide as much detail as possible including time of occurrence, location, general physical conditions present, witnesses, and any other relevant information. Use the back of this form to add detail, draw diagrams, etc.

Name:	Department/Position:
Date/Time Of Accident: / / @ : AM/PM	Witnesses Present:
Name Of Child/Adult Incident Happened To:	
Parent's Name (If Applicable):	Parent Contact: () -
Description Of Incident (Use As Much Detail As Possible, Including Diagrams:	

Cause Of Incident (Include Tools, Objects, Chemicals, Etc):
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Injury Caused By Incident (Include Potential Injury, Such As Sprained Ankle, Strained Back, Etc.):

Report Completed By:	Date:
Pastor Signature:	Date:

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