



General Accident/Incident Report

We hope you never have to fill out this form, but if you do here are the things you need to know:

1. If the situation isn't safe or stable, *put down this stinking report and help get things safe and stable*. If everything is good, continue to point #2.
2. Contact your Team Leader prior to filling out this report, Team Leaders loop in Kevin Holm (Facilities & Safety Director) and DLT as soon possible.
3. Provide as much information as possible and do not hesitate to ask questions if you have them.

Date of Incident: _____ Time: _____ AM / PM

Location of the Incident

(Address): _____

Exact Location of Incident on Property (draw the location, include streets, buildings, details)

Name of injured person(s): _____

Injured Person(s) Address:

Phone Number: _____ Date of Birth: _____ Male / Female

Parent/Guardian Phone Number (if injured person is <18 years old): _____

Injured Person was a (circle one): Employee Volunteer Other

What happened? (Includes names, injuries, and narrative of what happened)

How does the injured person want to be treated, if at all?

What's Next? (Outcome, Next Steps, Recommended Preventative Measures)

Printed name of injured person

Signature of injured person

Date

Printed name of preparer

Signature of preparer

Date

Printed name of witness

Signature of witness

Date

Printed name of witness

Signature of witness

Date