



OAK GROVE BAPTIST CHURCH INCIDENT REPORT

DATE/TIME OF INCIDENT: _____

TYPE OF INCIDENT: Medical Safety Other: _____

1. Name(s) and contact info of those involved: (name, address, phone number, etc.):

2. Location of incident: (as best can be described)

3. Was anyone injured? YES NO

3a. If YES, was anyone transported to the hospital? YES NO Ambulance POV

3b. If YES, to which hospital were they taken: _____

3c. Were the Police called? YES NO

4. Description of Incident (Who, What, Where, When): _____

Printed Name, Address, Phone Number and Signature of the person completing this form:

Fill out this form to the best of your ability, continue on the back of the form as required

**PLACE THIS FORM IN THE SECRETARYS BOX OR GIVE IT TO
A SAFETY & SECURITY MINISTRY MEMBER OR MINISTER**