

Mountain View UMC Incident Report

Number: _____
(to be assigned by office)

Incident Day, Date and Time: _____

Report date: _____

Report completed by: _____

Description of incident:

Describe any contributing conditions to the incident:

If anyone was injured, complete the section below.

Injured party(ies): _____

Identify the injury(ies): _____

Was treatment provided (yes or no); if yes, by whom? _____

How did injured party(ies) leave MVUMC? _____

X

Report Preparer

Follow-up:

Contact with / compassion to injured party, as required:

Details of any incident investigation, if required:

Responsibility for correcting any contributing conditions (staff member or committee/team):

Date for church staff follow-up: _____