

Incident Report

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Date of Incident _____ Report Start Date _____ End Date _____

Report By _____

Brief description of Incident

For each person experiencing or witnessing the incident record what was seen, heard, smelled (smoke, solvents, ect), before, during and after the incident.

- 1- What led up to the event,
- 2- The event itself including any injuries or property damage and their extent.
- 3- What happened or was done following the event. (examples on back)

Report 1 Member / Guest, Injured/ Witness (circle one of each)

Name _____ Contact Phone Number (_____) _____ -
_____ Alt # (_____) _____ - _____ From: City _____

State _____

Guest of _____ Report Taken
by _____ Date _____

1- What led up to the event?

2- Describe the event itself including any injuries (Requiring First Aid, Doctor, ER) or property damage (Mild repair, extensive repair, replace) and their extent.

3- What happened or was done following the event?

Report 2 Member / Guest, Injured/ Witness (circle one of each)

Name _____ Contact Phone Number (_____) _____ -

_____ Alt # (_____) _____ - _____ From: City _____

State _____

Guest of _____ Report Taken

by _____ Date _____

1- What led up to the event?

2- Describe the event itself including any injuries (Requiring First Aid, Doctor, ER) or property damage (Mild repair, extensive repair, replace) and their extent.

3- What happened or was done following the event?

Report 3 Member / Guest, Injured/ Witness (circle one of each)

Name _____ Contact Phone Number (_____) _____ -

_____ Alt # (_____) _____ - _____ From: City _____

State _____

Guest of _____ Report Taken

by _____ Date _____

1- What led up to the event?

2- Describe the event itself including any injuries (Requiring First Aid, Doctor, ER) or property damage (Mild repair, extensive repair, replace) and their extent.

3- What happened or was done following the event?

Report 4 Member / Guest, Injured/ Witness (circle one of each)

Name _____ Contact Phone Number (_____) _____ -
_____ Alt # (_____) _____ - _____ From: City _____
State _____
Guest of _____ Report Taken
by _____ Date _____

1- What led up to the event?

2- Describe the event itself including any injuries (Requiring First Aid, Doctor, ER) or property damage (Mild repair, extensive repair, replace) and their extent.

3- What happened or was done following the event?

(If more accounts are available add additional sheets)

Are there any outside people (besides above listed guest), groups, businesses, police, hospitals, or agencies involved in this incident? Please list and include contact info and report or case numbers if available.

Name of Board Member(s) first informed:

Date: ____/____/____ Time: ____:____ am / pm By: Phone / Text / Email / In person (Circle)

Full Board onc Date: ____/____/____ Time: ____:____ am / pm By: Phone / Text / Email / In person

Steps taken Immediately upon being informed.

Steps taken during and after reports were gathered.

Final decisions or actions on event by board.

Were any changes made to policy, equipment / physical plant, or in regards to a specific member(s) or guest(s) due to these events?
