**Lighthouse Christian Church**

**SC046 –Incident Report Form**

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| --- | --- |
|  | |
| Date |  |
| Name of Person Completing report |  |
| Role/Position |  |
| Contact Details |  |
| Witness Name |  |
| Witness Contact Details |  |

|  |  |
| --- | --- |
| Incident Details | |
| Date & Time of Incident |  |
| Location of Incident |  |
| Description of Incident |  |
| What immediate action was taken? |  |
| Was there an injury as a result of this incident?  Name of Injured Person  Address/Contact Details of person injured |  |
| What first aid/medical care was provided (if any)? |  |
| Was there property damage as a result of this incident?  Yes/No, If YES: |  |
| Was there vehicle damage as a result of this incident? Yes/No, If YES:  Registration Number  Details of Damage |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Submission: | | | |
| Signature of person submitting report |  | **Date** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Follow Up: | | | |
| Follow Up Action required |  | | |
| Person responsible for Follow Up |  | | |
| Ministry Area |  | **Date Due** |  |
| Follow up completed |  | **Date** |  |