altar church

Altar Church Incident Report

Date of Report	Time of Report
Date of Incident	Time of Incident
Location of Incident	
INDIVIDUAL DETAILS	
Name	
Address	
Phone No. (H) (W)	(M)
Do you have any medical training? YES/NO	Type:
NATURE OF INCIDENT	Who? What? Where? Why? How?
SPECIFIC ACTION TAKEN	Eg. Type of First Aid Applied, police contacted – attach any additional information.
FOLLOW-UP RECOMMENDED	
Signature of reporter:	Date
Refer to Service ops leader or email to admin@altarchurch.com.au	
(office use only) FOLLOW-UP ACTIONED	(Attach further information where needed)
Number of witness reports attached	Where applicable include a witness report from the injured person and from a person with medical training who attended the scene
Date Completed	**Administrators Signature:**