



Disaster Response & Recovery Ministry
AWFUMC Florida Recovery Team
INCIDENT/ ACCIDENT REPORT FORM

Name of person in charge of site: _____

Site where incident/accident took place _____

Date of incident/accident:

Time of incident/accident:

Name of injured person:

Address of injured person:

Nature of incident/accident and extent of injury:

Give details of how and precisely where the incident/accident took place.

Describe what activity was taking place (e.g., tarping, mucking out, etc.)

Give full details of the action taken including any first aid treatment and the name(s) of the first aider(s):

Were any of the following contacted:

Police: Yes No

Ambulance: Yes No

Parent/caregiver: Yes No

What happened to the injured person following the incident/accident? (e.g., went home, went to hospital, carried on with session)

All of the above facts are a true and accurate record of the incident/accident.

SIGNED:

DATE:

NAME:

Staff assisting: