



South Caribbean Conference
ACCIDENT/ INCIDENT REPORTING FORM

PLEASE PRINT ALL INFORMATION IN BLOCK LETTERS
USING DARK BLUE OR BLACK INK PEN

1. NAME OF CHURCH: \_\_\_\_\_

2. DATE OF ACTIVITY: \_\_\_\_\_
DD/MM/YY

3. DESCRIPTION OF ACTIVITY \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

4. LOCATION OF ACTIVITY: \_\_\_\_\_

5. DATE & TIME ACCIDENT/INCIDENT OCCURRED \_\_\_\_\_
Day/Month/Year/A.M/P.M

6. DATE OF REPORT: \_\_\_\_\_
Day/Month/Year

7. NAMES OF INJURED PERSON/S

Table with 4 rows for names and checkboxes for SDA MEMBER and NON-MEMBER status.

CONTACT # OF INJURED PERSON/S or RELATIVE (If Injured is a Minor)

CONTACT 1: \_\_\_\_\_ CONTACT 3: \_\_\_\_\_
CONTACT 2: \_\_\_\_\_ CONTACT 4: \_\_\_\_\_

8. NATURE OF INJURY/INJURIES: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

9. DESCRIPTION OF ACCIDENT/INCIDENT: \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

10. NAME/S OF WITNESS/ES:

1. \_\_\_\_\_ TELEPHONE # \_\_\_\_\_
2. \_\_\_\_\_ TELEPHONE # \_\_\_\_\_
3. \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

11. NATURE OF LOSS:

A. TIME \_\_\_\_\_ B. PROGRAMME \_\_\_\_\_
C. EQUIPMENT \_\_\_\_\_ D. ENVIRONMENT \_\_\_\_\_

12. EMERGENCY RESPONSE PLAN ACTIVATED? YES [ ] NO [ ]

13. EMERGENCY SERVICES INVOLVED

A. POLICE [ ] B. FIRE SERVICE [ ]
C. E.H.S [ ] D. LIFEGUARD [ ]
D. OTHER [ ] Please State \_\_\_\_\_

14. INITIAL RESPONSE TIME WAS \_\_\_\_\_ HR. (S) \_\_\_\_\_ MINS.

15. TIME INTERVAL TO FIRST CONTACT: \_\_\_\_\_ HR. (S) \_\_\_\_\_ MINS.

16. LOSS POTENTIAL OF ACCIDENT/INCIDENT

A. LOW  B. MEDIUM  C. HIGH

17. ITEMIZATION OF ANY DIRECTIVE/S OR ARRANGEMENT/S THAT WAS/WERE DISREGARDED OR NOT IMPLIMENTED OR ENFORCED, THEREBY CAUSING THIS ACCIDENT/INCIDENT.

- I. \_\_\_\_\_
- II. \_\_\_\_\_
- III. \_\_\_\_\_

18. REMEDIAL ACTION TAKEN: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<i>Required Attachments</i>	<i>Yes</i>	<i>No</i>
Written & Signed Statement/s of Witness/ Witnesses		
Attending Physicians Report		
Bills Incurred in Treatment of the Injured		

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(SAFETY OFFICER) DD/MM/YY

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(DISTRICT PASTOR) DD/MM/YY

PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_  
(FIRST ELDER) DD/MM/YY