

**Church of God of Exeter
Accident and Incident Report Form**

Ministry Name _____

Ministry Leader _____

This form must be used for the recording of all accidents, injuries and dangerous occurrences whether or not they need to be reported to Church Mutual or the State of California.

The form should be completed as soon as possible after the occurrence. Whenever possible, the description of the accident should be completed by the injured person. All details should then be checked by a church official.

If there were any witnesses to the accident they should complete witness statements as soon as possible after the occurrence.

**This section to be completed by the injured person or person involved
in the incident**

Full name of person injured _____

Home address _____

Date of Birth _____

Check appropriate box: Employee Volunteer Visitor

Congregation member Child

Date of Occurrence _____ Time of Occurrence _____

Place of Occurrence _____

Full description of the accident circumstances, including a description of any apparatus or equipment involved and any injuries received and first aid given:

Signed by injured person _____

(or responsible adult on behalf of a child) Date _____

This section to be completed by a church employee or ministry leader

If the person involved was an Employee or Volunteer:

State nature of employment _____

Was she/he on or off duty at the time _____

If on duty did she/he after the occurrence continue to work or go off duty _____

If she/he went off duty at what time and for how long _____

If the accident occurred at a youth or children's group meeting:

Who is normally responsible for the group? _____

Who was responsible for the group at the time of this incident (if different from above):

Employee/Leader's explanation of accident/incident:

Names of witnesses to the accident (have witnesses fill out separate reports):

I/we confirm that as far as I am/we are aware the above details including the description of the accident are true and complete.

Signature of the person in charge of the group at the time of the accident or incident.

_____ Date _____

Signature of church official:

_____ Date _____

Statement by Witness 1:

Name _____ Contact # _____

Signed _____ Date: _____

Statement by Witness 2:

Name _____ Contact # _____

Signed _____ Date: _____

Statement by Witness 3:

Name _____ Contact # _____

Signed _____ Date: _____