

ACCIDENT / INCIDENT REPORT

ANECDOTAL RECORD

Ministry / Event _____ Date _____ Time _____ AM / PM

Name(s) of person(s) involved (PLEASE PRINT)

Name Telephone #

Street City State Zip

Name Telephone #

Street City State Zip

Name Telephone #

Street City State Zip

Name Telephone #

Street City State Zip

Location of accident / incident

Give a detailed description of the accident / incident

Action taken

Person in charge (print)

Signature

**Please place in the mailbox in the electrical room for filing at the administrative office. Attention: Operations Administrator