

Green Acres Baptist Church

Accident Report

Date of Report _____

Name of Injured Person: _____

Location of Accident _____

Date of occurrence _____ Time of Day _____ AM PM

Day of Week _____ Weather _____

Reporting Person (s) _____

Witness (s)	Address	Phone
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1. _____

2. _____

3. _____

Describe the Injury: _____

First Aid Given/Hospitalized? _____

How did accident occur? _____

Green Acres Baptist Church

Accident Report

Activity being performed by person injured: _____

Describe any unsafe conditions/activities relating to the accident: _____

Incorrect or improper acts (If Any)

Non-use of Safety Equipment: _____

Unauthorized Acts: _____

“Horse Play”: _____

How could this accident be prevented? _____

I have read the above description of the accident and find it correct to the best of my knowledge:

Signature of Injured Person

Date

Printed Name

Supervisor's Signature

Date