





Name of witness(es) and contact information: \_\_\_\_\_

\_\_\_\_\_

Action(s) taken: (check all that apply)

Provided first aid

By whom/what/when \_\_\_\_\_

Called placed to 911

By whom/when \_\_\_\_\_

Taken to hospital

By whom/when/where \_\_\_\_\_

Notified Parent/Guardian/Relative

Name/when \_\_\_\_\_

Notified Minister/Leader

Name/when \_\_\_\_\_

Other

\_\_\_\_\_

Corrective actions to be taken to prevent recurrence:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Printed Name of Reporter

\_\_\_\_\_

Signature of Reporter

\_\_\_\_\_

Date/Time

