

Appendix C
Main Street Baptist Church Accident/Injury Report Form

Name: _____ Sex: Male _____ Female _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ E-mail: _____ SS # _____

Status: _____ Member _____ Staff _____ Guest _____ Other: (specify) _____

Date of This Report: _____ Date of Accident: _____

Time of Accident: _____ A.M./P.M. Place of Accident: _____

NATURE OF INJURY

Abrasion _____	Cut _____	Scalds _____
Asphyxiation _____	Dislocation _____	Scratches _____
Bite _____	Fracture _____	Shock (el.) _____
Bruise _____	Laceration _____	Sprain _____
Burn _____	Poisoning _____	
Concussion _____	Puncture _____	
Other (specify) _____		

DESCRIPTION OF ACCIDENT/PART OF BODY INJURED

Abdomen _____	Ankle (R/ L) _____	Mouth _____	Hand (R/ L) _____
Back _____	Arm (R/ L) _____	Nose _____	Knee (R/ L) _____
Chest _____	Ear (R/ L) _____	Scalp _____	Leg (R/ L) _____
Face _____	Elbow (R/ L) _____	Tooth _____	Wrist (R/ L) _____
Finger _____	Eye (R/ L) _____	Other (specify) _____	
Head _____	Foot (R/ L) _____		

How did the accident happen? What was the person doing? Where was the person? List any specifically unsafe acts and unsafe conditions existing? Specify any tool, machine or equipment involved? Additional space available on back.

IMMEDIATE ACTION TAKEN

First Aid Treatment Given: ___ YES ___ NO By Name: _____
 Phone #: _____ Email: _____

First Aid Rendered: _____
 Sent to Hospital? ___ YES ___ NO
 Transported to health care facility for further examination/treatment? ___ YES ___ NO
 ___ Ambulance ___ Personal Vehicle ___ Friends Vehicle (name) _____

Form Submitted by: _____ Signature & Date: _____
 Please attach additional comments/information on back of sheet.