

# SALT CHURCH: INCIDENT REPORT FORM

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Time: \_\_\_\_ : \_\_\_\_ AM / PM

Location: \_\_\_\_\_

During Event: \_\_\_\_\_

## PEOPLE AFFECTED

*List Names of All people involved in the Incident*

## DESCRIPTION OF INCIDENT

*Describe the Incident, including witnesses and causes*

## STEPS TAKEN

*Describe the steps taken, including treatment given, and others contacted – especially Parent's / Carers*

## WITNESSES

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

After completing this form, take it upstairs to the Salt Printer and follow the instructions to Scan it to Email