CENTER OF PRAISE MINISTRIES, INC.

INCIDENT REPORT

PAGE _____ of _____

INCIDENT LOG NUMBER	DATE OF REPORT	DATE OF INCIDENT		TIME OF INCIDENT
LAST NAME	**FIRST NAME**	**MI**	**POSITION**	**DUTY HOURS**
LOCATION OF INCIDENT	**DESCRIPTION OF INCIDENT**			

YOUR ROLE	**WITNESSES (*Preface* = S-Staff, V-Visitor, O-Other, SU-Suspect, V-Victim, W-Witness)**			
☐ PRIMARY				
☐ RESPONDER				
☐ WITNESS				
☐ VICTIM				
☐ OTHER				

FORCE USED BY YOU	**FORCE OBSERVED BY YOU**	**EVIDENCE COLLECTED BY YOU**
☐ WEAPON	☐ WEAPON	☐ YES ☐ NO
☐ PHYSICAL	☐ PHYSICAL	
☐ CHEMICAL	☐ CHEMICAL	
☐ NONE	☐ NONE	

EVIDENCE DESCRIPTION	**EVIDENCE DISPOSITION**	**BIO HAZARD**	**PPE**
☐ N/A	☐ N/A	☐ YES ☐ NO	☐ YES ☐ NO

REPORTING STAFF INJURED ☐ YES ☐ NO

DESCRIPTION OF INJURY	**LOCATION TREATED (Hospital/Clinic)**	**FLUID EXPOSURE**
		☐ BODILY ☐ UNKNOWN ☐ OTHER ☐ N/A

NARRATIVE

☐ **CHECK IF NARRATIVE IS CONTINUED ON 2nd PAGE**

SIGNATURE OF REPORTING STAFF	TITLE	DATE

NAME OF TITLE OF REVIEWER (Print / Signature)	DATE REC'D	APPROVED: ☐ YES ☐ NO	CLARIFICATION REQ'D ☐ YES ☐ NO	DATE

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INCIDENT LOG NUMBER	LAST NAME	FIRST NAME	MI

TIME OF INFORMATION:
☐ CONTINUATION OF REPORT ☐ CLARIFICATION OF REPORT ☐ ADDITIONAL INFORMATION

NARRATIVE CONTINUED:

SIGNATURE OF REPORTING STAFF	TITLE	DATE

NAME OF TITLE OF REVIEWER (Print / Signature)	DATE REC'D	APPROVED: ☐ YES ☐ NO	CLARIFICATION REQ'D ☐ YES ☐ NO	DATE

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