Incident Report

Date: _____

Church/Organization: _____

Event: _____

Details of Occurrence: *(be as detailed as possible) (for any type of injury)*

Equipment being used at the time of the occurrence: _____

Personal Injuries: No ___ Yes ___ If yes, please provide details:

_____

_____

MBA Use Only

Equipment to be replaced or repaired: _____
Negligence: No ___ Yes ___

Cost of Replacement: _____ Cost of Repair: _____

Charged to: Church ___ MBA ___

Comments:

_____

_____