

Prairie View Christian Church Injury Report Form

PVCC staff and volunteers must use this form to report all work-related injuries, no matter how minor. This helps to identify and correct hazards before they cause serious injuries. This form must be completed and submitted within three (3) days of the incident to the Senior Pastor or Elder Chair.

Name:		Date:
<input type="checkbox"/> Staff	<input type="checkbox"/> Volunteer	Supervisor or Ministry Team Leader:
Have you reported injury to supervisor or ministry leader? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Date of injury:	Time of injury:	
Names of witnesses (if any):		
Where did injury occur (be specific):		
What were you doing at time of injury:		
Describe in specific detail how the injury occurred:		
Describe nature of injury:		
Describe medical treatment/first aid administered at time of injury:		
Was 911 called? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who placed the call?	
Injury requires physician/hospital visit? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, name of physician/hospital:	Phone #:	
Address:		
Date(s) of doctor visit/hospital stay:		
Have you experienced an injury to this same part of the body before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when?		
Signature:		Date: