

INCIDENT & INJURY INTAKE RECORD

☐ Employee*☐ Camper/Resident/Student (select one)☐ Visitor/Volunteer

MUST BE COMPLETED BY A CRISTA EMPLOYEE

Personal Information

Name of Person Involved/Injured: _____

Home Address: _____ Phone: _____

E-mail: _____ Min./Dept. (if applicable): _____

Parent/Guardian Name (if under 18): _____ Phone: _____

Incident Details

Date of Incident: _____ Time: ____:____ AM/PM (select one)

Specific Location of Incident: _____

Describe Incident and/or Injury (and events that led up to it):

Describe any CRISTA First-Aid or other CRISTA Response Provided:

Emergency Responders Called: Yes ☐ No ☐

Name and Telephone of Witness(es) (if any):

Completed By

Employee Name: _____

Date: _____

Signature: _____

Phone: _____

E-mail: _____

Min./Dept.: _____

E-mail or Send to: Law & Corporate Affairs (all)
legal@crista.net

Human Resources (if employee)
hr@crista.net

Security (if non-employee)
security@crista.net

* Employee workplace injuries may require additional forms.