

## 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.