

INTERFAITH HOUSE
RESIDENT INCIDENT REPORT

Please complete this form and give to the Operations Director within 6 days of the incident. This is required to comply with public law 91-596 and OSHA requirements.

Person completing the report

Name Job Title Date of report

Resident information

Name (First, Middle, and Last) Female Male

Date of birth

Facts of Accident/Illness

Date of incident ____/____/____

____ Illness ____ Injury Did fatality occur? Yes No

Did incident occur on Interfaith House premises? Yes No

Where on the premises did the incident occur? _____

If not on Interfaith House premises, where did the incident occur? _____

Describe the circumstances of the accident or illness (including location, timeframe, actions taken, and witnesses to the incident)

Staff signature

Witness signature