Omar Shrine Center Non-Employee/Visitor Incident Report Form

This form must be filed with the Omar Shrine Center within 72 hours of the incident. See reverse side for instructions on how to complete. Information will be treated as confidential. For additional information, contact the Omar Recorder at (843) 971-0131 ext. 5

VISITOR INFORMATION

Name: _____   Daytime phone: _____

Address: _____   Evening phone: _____

City, State, Zip Code: _____   Cellular phone : _____

Purpose of Visit: _____ (seminar, event, etc)

Event Contact Person: _____   Daytime phone: _____

INCIDENT INFORMATION

Date of Incident: _____   Time of Incident: _____ a.m. p.m.   Date of Report: _____

Incident Location: _____

_____

Describe the Incident: _____

_____

_____

Describe the Injury: _____

_____

_____

Describe any Property Loss: _____

_____

_____

If motor vehicle involved, please provide a copy of the police report, if none, provide the following:

Vehicle Make/Model: _____   State/License Plate Number _____

MEDICAL/TRANSPORTATION INFORMATION

None Provided: _____   Transported by Ambulance: _____

Taken to Hospital: _____   Driven by friend/individual: _____

Name of Hospital: _____   Treating Physician: _____

Treatment Refused: _____ yes _____ no

WITNESS INFORMATION (Please attach Witness Statements on separate sheets of paper)

Name/Address: _____   Daytime phone: _____

Name/Address: _____   Daytime phone: _____

Name/Address: _____   Daytime phone: _____

ADDITIONAL COMMENTS

_____

_____

Completed by: _____   Date: _____

Received by: _____   Date: _____

Omar Office Review: _____   Date _____

INSTRUCTIONS

This form is to be completed by any individual who has an injury, illness, or other incident as a result of being on Omar Shrine Center property or while attending a function at the Omar Shrine Center. This form should be completed as soon as possible, but no later than 72 hours, after the incident.

After completion, give to an Omar Shrine Center office member or send it to:

Omar Shrine Center, 176 Patriots Point, Mt. Pleasant, SC 29464

If mailed, please put "Personal and Confidential", Attn: Omar Recorder in lower left hand corner of envelope.

Specific instructions on completion of form:

VISITOR INFORMATION – This is information relating to the person involved in the incident. Please complete as neatly and accurately as possible.

> Name: First, MI, and Last Name
> Address: Street address,
> City, State, Zip Code
> Daytime Phone: Please include area code
> Evening Phone: Please include area code
> Cell Phone: Please include area code
> Purpose of Visit: Brief explanation of why you were at the Omar Shrine Center or function
> Event Contact Name and Number: Name and phone number of person in charge of event

INCIDENT INFORMATION – This is information relating to the actual incident.

> Date of Incident – Please use MM/DD/YY format.
> Time: Be as precise as possible and indicate AM or PM.
> Date of Report: Date report was filled out. Please use MM/DD/YY format.
> Incident Location: Be as detailed as possible. Include building name/number and room/area.
> Describe the Incident: Be as detailed as possible. Include what you were doing before the incident, what specifically happened, and if any other people/equipment were involved.
> Describe the Injury: Please identify the specific body part injured.
> Describe any Property Loss: For incidents not involving injuries, please give a description of any damage done to your personal property.
> If a motor vehicle was directly involved, please indicate information for all motor vehicles. If possible, provide a copy of the police report.
> Medical/Transportation: Please answer as much as possible. If medical treatment refused, please mark box. If transported by another individual, please indicate their name.
> Witness(es): Please provide name and phone number for any witnesses and attach a statement from each witness on a separate sheet of paper.
> Additional Comments: Any additional comments you would like to provide.

Completed by: Name of person completing the form.

Note: This form is used solely as documentation that an incident occurred. It does not indicate that the Omar Shrine Center is responsible in any way.