

The River Church

Emergency Responder Report

*To be completed upon contacting an emergency unit (or within 12 hours of the occurrence), and submitted to the Senior Pastor or Executive Pastoral Team member immediately.

Name: _____ **Date & Time of Report:** _____

Date of Occurrence: _____ **Time of Occurrence (a.m./ p.m.):** _____

Description of Occurrence: _____

Location of Occurrence: _____

Individuals involved in Occurrence and Their Phone Number:

Time Emergency Unit (EMT, Police, Fire Truck) Contacted: _____

Individual's Name who contacted/called the Emergency Unit: _____

Time Emergency Unit (EMT, Police, Fire Truck) arrived on scene: _____

If Emergency Unit was not contacted, indicate the reason: _____

Unusual Occurrence Report

*In addition to completing the above information, include the following when an Emergency Unit is not contacted. Please be prepared to answer additional questions from the Senior Pastor and Executive Pastoral team regarding the occurrence.

Any Background/ Historical or Other Information in regards to Occurrence:

