

Incident Report Form

Date of Incident:	
Location of Incident:	Time of Incident:
Emergency Responders Contacted:	<input type="checkbox"/> 911 <input type="checkbox"/> Fire Dept. <input type="checkbox"/> Police <input type="checkbox"/> Emergency Contacts <input type="checkbox"/> Personnel <input type="checkbox"/> Other: _____
Description of Incident/Injuries	
Market Personnel Involved	
1.	4.
2.	5.
3.	6.
Action (Briefly describe actions market personnel took)	
Incident Disposition	
1. Was victim transported by ambulance?	
2. If victim was not transported by ambulance, briefly describe what occurred:	
Media	
What information was reported:	
Staff person contacted:	
Facility Damage (Briefly describe any damage to the facility)	
Name of person completing form:	Date: / /

This information is based on the <http://www.emergencysafetyplan.com/products/Medical-Emergency-Response-Plan-Template.html>

Source: MIFMA's "Emergency Procedures for Farmers Markets"
www.mifma.org/wp-content/uploads/2010/11/Final-Flipchart.pdf