

INCIDENT REPORT FORM Page 1 of 2

Howard County Woodworkers Guild, 5470 Ruth Keeton Way, Columbia Maryland 21044
Phone: 410-313-7212

MONITOR NAME: _____ DATE: _____

PHONE NUMBER and/or email: _____

PERSON(S) INVOLVED: _____

NATURE OF INCIDENT (check all that apply):

1. Damage to _____ equipment.
2. Unsafe Practice
3. Personal injury
4. Belligerent, disruptive or uncooperative behavior
5. Other

Describe the Incident specifically as it happened (facts) including any actions before or following the incident. If necessary, use the back of this form or attach another sheet.

Incident: _____

Describe your opinions as to the cause and recommend resolutions to the Board:

Monitor Signature & Date: _____

Member(s) Signature & Date: _____

continued next page

INCIDENT REPORT FORM Page 2 of 2

BOARD ACTION ON INCIDENT REPORT

DATE(S) ADDRESSED AT BOARD MEETING

Summary of Board Discussions:

Recommended Actions, including who will do what and by when.
