



GMCF Incident Report Form

149-39 11th Avenue, Whitestone, New York 11357

718-360-1538, Fax 718-360-1539, www.germas.org

*Instructions : Report any and all Incidents on this property to the GMCF President or a representative as soon as possible. Call 718-360-1538 and leave a message and your contact info. Also, **COMPLETE ALL THREE (3) PAGES** of this form in its entirety within 12 hour of the incident including submission to a GMCF representative. GMCF representative personal phone numbers are available at our website, www.germas.org under Trustees in the upper right corner.*

Date of Incident: _____ Time of Incident: _____
 Exact Location (Floor / Room) _____
 Reported by: _____
 Was the GMCF Notified, Yes No, Who was Notified and How: _____
 Was a Message left on 718-360-1538: Yes No

Type of Incident Injury Illness Accident
 Property Damage Theft
 Other (Please explain) _____

Involved Individual (Full Name): _____
 Lodge Member: Yes, No, If Yes, Lodge Name and #: _____
 Master or Supervisor Name: _____
 Role in Incident: _____
 Address of Involved: _____
 Phone Number(s): _____
 Email Address: _____

Involved Individual (Full Name): _____
 Lodge Member: Yes, No, If Yes, Lodge Name and #: _____
 Master or Supervisor Name: _____
 Role in Incident: _____
 Address of Involved: _____
 Phone Number(s): _____
 Email Address: _____

Involved Individual (Full Name): _____
 Lodge Member: Yes, No, If Yes, Lodge Name and #: _____
 Master or Supervisor Name: _____
 Role in Incident: _____
 Address of Involved: _____
 Phone Number(s): _____
 Email Address: _____

If needed, attach a separate sheet detailing additional involved individuals



Date of Incident: _____

Witnesses:

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

Name: _____ Phone: _____ Email: _____

If needed, attach a separate sheet detailing additional witnesses.

Discription of Incident:

Injuries / Losses:

If needed, attach a separate sheet detailing additional info.



Date of Incident: _____

911 Called: <input type="checkbox"/> Yes, <input type="checkbox"/> No / Name of Caller: _____	
Fire Department: <input type="checkbox"/> Yes, <input type="checkbox"/> No / Department Contact Name & Number _____	
EMS: <input type="checkbox"/> Yes, <input type="checkbox"/> No / Department Contact Name & Number _____	
Hospitalization: <input type="checkbox"/> Yes, <input type="checkbox"/> No	Physician: <input type="checkbox"/> Yes, <input type="checkbox"/> No
Attending Physician: _____	
Facility Address: _____	
Facility Phone Number: _____	
Date and Time of Contact: _____	

Law Enforcement Contact: <input type="checkbox"/> Yes <input type="checkbox"/> No
Law Enforcement Agency Name: _____
Law Enforcement Agency Address: _____
Law Enforcement Agency Phone: _____
Report Number (if applicable): _____
Date and Time of Contact: _____

Other Notes:

If needed, attach a separate sheet detailing additional info.

Prepared By: _____
Lodge Name and Number (if applicable): _____
Print Name: _____
Signature: _____ Date: _____