

APPENDIX CC – INCIDENT REPORT FORM

Unit Administrators should use this form to document any incident or problems involving MDRMRC volunteers. Completed forms should be submitted to the MDRMRC State Program at mdresponds.health@.maryland.gov.

Maryland Responds Medical Reserve Corps Incident Report Form

Please use this form to document any incident or problems involving MDRMRC volunteers. Completed forms should be submitted to the MDRMRC State Program at mdresponds.health@maryland.gov.

Date: _____ **Site/ Location:** _____

Time: _____ **Report Author:** _____

Incident: _____

Notified (date and time): _____

Action Taken: _____

Supervisors Signature: _____

Phone Number: _____

Email Address: _____