Bethany Safety Team Weekend Report

Date			
Name			
Which campus are you r	eporting for? (Circle	One)	
South BR Baker	Livingston	New Orleans	Houma
Which services are you	eporting? (Circle all	that apply)	
9:00 AM 10:00 AM	11:00 AM Other: (Explain)	
Please check everything that was completed: Radios given to B-Kids and B-Tots External Doors Checked Internals Doors Checked Lead Pastor or Campus Pastor Secure Designated Areas Checked Did we have a full team? Yes No Hits: How did everything go?			
Misses: Was there anyth	ing we can change?		



Was there any security issue we need to follow up on?		
Did Law Enforcement have to get involved?		
☐ Yes		
□ No		
If Yes, please explain in detail		
Were there any medical emergencies?		
☐ Yes		
□ No		
If Voc. places explain in detail		
If Yes, please explain in detail		
Needs: List anything needed for next service		



Submit any reference photos:

