

Visitor ☐Student ☐

# Accident/Incident Report

Date of Report: \_\_\_\_\_

**Date of Incident:** \_\_\_\_\_ **Time of Incident:** \_\_\_\_\_ a.m. p.m.

Location of Incident \_\_\_\_\_ Supervisor: \_\_\_\_\_

Staff Member: \_\_\_\_\_ Witness/Additional Staff: \_\_\_\_\_

Location \_\_\_\_\_

## Personal Data (Visitor/Student Information)

Name \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Address \_\_\_\_\_ Town/City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Primary: \_\_\_\_\_ Secondary \_\_\_\_\_ Emergency: \_\_\_\_\_

Contacted (Name &amp; Telephone) \_\_\_\_\_

Time of Contact: \_\_\_\_\_ a.m. p.m. Result: Spoke with Contact Left Voicemail Unable to Contact

## Incident Data – For Injury Related Incident (attach additional pages if necessary initials: \_\_\_\_)

Location of Incident: \_\_\_\_\_

Description of Incident: \_\_\_\_\_

Was an injury sustained? Yes No Was care provided by staff? Yes No

If yes, describe the type of injury sustained: \_\_\_\_\_

## Care Provided – If injury sustained (attach additional pages if necessary initials: \_\_\_\_)

Did the victim refuse medical attention? Yes No Was care provided by staff? Yes No

Name of person that provided care? \_\_\_\_\_

Describe in detail care given \_\_\_\_\_

Was EMS called? Yes No If yes, by whom? \_\_\_\_\_

Time of EMS Call: \_\_\_\_\_ a.m. p.m. Was the victim transported to an emergency facility? Yes No

If yes, where? \_\_\_\_\_ If no, did the person return to the activity? Yes No

Report prepared by: \_\_\_\_\_ Position: \_\_\_\_\_

Reviewed by: \_\_\_\_\_

Copy to Administration: ☐