

INJURY REPORT

AGENCY: \_\_\_\_\_

(To be completed by the senior staff member on duty at the time of the accident and reviewed by Agency Head)

INSTRUCTIONS:

- 1. In all instances, offer to call the First Aid Squad for immediate medical aid, and
- 2. Request qualified personnel to administer first-aid to the injured patron.
- 3. Complete this form for all accidents in which a patron suffers an injury in the library or on library property. Within 24 hours of the occurrence, forward the completed form to the office of the Assistant Director.
- 4. Failure to report an injury may prejudice or deny this library's defense in a liability suit against the library.

1. NAME OF INJURED PERSON: \_\_\_\_\_  
First Middle Initial Last

2. HOME ADDRESS: \_\_\_\_\_  
Street City State Zip

3. PHONE NUMBER \_\_\_\_\_

4. AGE (Estimate if necessary): \_\_\_\_\_ 5. MALE                  FEMALE (Circle One)  
 (If under age 18, notify parent of incident, regardless of severity.)

6. DATE INJURY OCCURRED: \_\_\_\_\_ HOUR: \_\_\_\_\_

7. NATURE OF INJURY: (Be specific: Bruised right elbow, twisted left ankle, etc.):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

8. WHERE DID THE INJURY OCCUR? (Be specific): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

9. HOW DID THE INJURY OCCUR? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

10. WHO GAVE FIRST AID, IF ADMINISTERED? \_\_\_\_\_

11. LIST NAMES AND ADDRESSES OF ALL WITNESSES TO THE INCIDENT (Patrons and staff):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. WAS AN AMBULANCE SUMMONED?    YES    NO (Circle One)    WHAT TIME? \_\_\_\_\_  
 IF NOT, WHY NOT? \_\_\_\_\_

13. ADDITIONAL INFORMATION: (Were any unusual conditions involved, was injury sustained while roughhousing, did the patron refuse aid, etc. List all contributing factors to the incident: i.e. clothing, carpet, etc.)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

14. DATE FORM PREPARED: \_\_\_\_\_ 15. COMPLETED BY: \_\_\_\_\_

16. REVIEWED BY: \_\_\_\_\_