

Accident / Injury / Incident Report

An accident/injury/incident report should be completed for any situation occurring in the library that is out of the ordinary, (examples: customer/volunteer injury, fire, an upset patron, discipline problems, vandalism, theft, etc.)

DEPARTMENT OR BRANCH: _____ DATE: _____

LOCATION OF INCIDENT: _____ TIME: _____

ACCIDENT INJURY/ILLNESS FIRE THEFT VANDALISM OTHER

NAME OF INVOLVED PERSON: _____ PHONE: _____

ADDRESS: _____

DETAILS OF INCIDENT: _____

OTHER PEOPLE INVOLVED/WITNESS:

NAME: _____ ADDRESS: _____ PHONE: _____

ACTION TAKEN:	YES	NO	TIME	ARRIVAL TIME	NAME
POLICE CALLED:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
AMBULANCE CALLED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DETAILS OF ACTION TAKEN: _____

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FOLLOW-UP ACTION RECOMMENDED: _____

Use if applicable:

GENERAL DESCRIPTION OF SUSPECT:

SEX _____ AGE _____ HEIGHT _____ WEIGHT _____ EYE COLOUR _____ HAIR COLOUR _____

DISTINGUISHING FEATURES: _____

GENERAL APPEARANCE: _____

DRESS: _____

NAME: _____

ADDRESS: _____

COMPLETED BY: _____ MANAGER: _____

COMMUNICATION CHECKLIST:

In-Charge Person is responsible for completing the following communication procedure:

WITHIN TWO (2) HOURS:

- Record incident on “Accident/Injury/Incident Form”**

IF POLICE ARE CALLED: telephone In Charge listing.

IN CASE OF INJURY TO A MEMBER OF THE PUBLIC: IMMEDIATELY send via email a completed “Accident/Injury/Incident Form” to Administrative Assistant & Manager.

- EMAIL completed “Accident/Injury/Incident Form” to the Administrative Assistant and Manager
- Send original to Central Administration
- If incident is a Health and Safety matter please forward to Joint Health and Safety Committee**