

SMOKY LAKE PUBLIC LIBRARY
ACCIDENT/INCIDENT REPORT FORM

Date of incident: _____ Time: _____ AM/PM

Name of injured person: _____

Address: _____

Phone Number(s): _____

Date of birth: _____ Male _____ Female _____

Who was injured person?(circle one) Patron Staff member

Type of injury: _____

Details of incident: _____

Injury requires physician/hospital visit? Yes ____ No ____

Name of physician/hospital: _____

Address: _____

Physician/hospital phone number: _____

Signature of injured party

Date

*No medical attention was desired and/or required.

Signature of injured party

Date

Return this form to Library Manager or Board Chairperson within 24 hours of incident.