

Montauk Library Injury or Incident Report

This form is to be completed by a staff member whenever a person suffers an injury, or an incident occurs on library property.

Date of accident/incident: _____/_____/_____ Time of accident or incident: _____:_____ am pm

Person(s) injured and/or involved in accident or incident:

Name	Address	Phone #	Age	Gender
_____	_____	_____	_____	M/F
_____	_____	_____	_____	M/F
_____	_____	_____	_____	M/F

If minor, name and phone number of parent or guardian: _____

In what part of the premises did the accident/incident occur? _____

Provide details of the injury/incident:

Were police called? ____ Yes ____ No

Was an ambulance called? ____ Yes ____ No

Did the person(s) involved in the injury/incident refuse medical attention? Yes ____ No ____

If yes, signature of person refusing medical attention is required:

I acknowledge that I refused medical attention offered to me at the Montauk Library.

Signature

Signature

Describe medical attention given by library staff: (eg. band aid, ice pack etc.)

(OVER)

Library staff members who provided assistance:

1. _____
Name Department

Signature

2. _____
Name Department

Signature

Witnesses to the incident:

Witness 1: _____ Phone: _____
Printed name

Signature

Witness 2: _____ Phone: _____
Printed name

Signature

If this was an employee did they stop work because of this injury? Yes/No

If yes, date and time _____

Staff person completing form: _____ /_____/_____
Name (print) Signature Date

Supervisor on duty: _____ /_____/_____
Name (print) Signature Date

Library Director: _____ /_____/_____
Name (print) Signature Date

For Administration Use Only

Action Taken: (Check all that apply)

_____ Notify Insurance Company
Date of notification: _____/_____/_____
Details (name of insurance representative, claim # etc.) _____

_____ Follow-up with police
Case # _____

_____ Follow-up with hospital and/or family. Date/details _____

_____ Other _____