

PATRON / EMPLOYEE ACCIDENT - INJURY REPORT
BEAUREGARD PARISH LIBRARY

- Instructions: -If considered necessary, call immediately for emergency medical aid.
-Administer or request qualified personnel to administer first - aid to the injured patron/employee
-Complete this form in all accident cases in which a patron/employee suffers an injury within the, or on the library property. Copy, then forward the original completed form to the Director or Human Resources by the end of the same day of injury. File the copy at branch or dept reporting the incident
-Failure to report an injury may prejudice or deny this library's defense in a damages suit against the library.

NAME OF INJURED PERSON: _____

ADDRESS: _____ **PHONE:** _____
_____ **AGE: (or estimate)** _____
_____ **MALE OR FEMALE:** _____

IF MEDICAL ATTENTION WAS REFUSED, PLEASE HAVE EMPLOYEE / PATRON SIGN AND DATE
HERE: _____

Was Ambulance/Medical Attention Offered? Yes or No (Circle One) IF YES What medical facility were they taken to:

If Applicable, what time was the ambulance summoned? _____

WHO Gave First Aid? (If Any) _____

DATE INJURY OCCURED: _____ **TIME:** _____ A.M./P.M.

WHERE DID THE INJURY OCCUR?(Be specific): _____

NATURE OF THE INJURY: (Be Specific: Bruised right elbow, twisted left ankle, deep cut, etc)

HOW DID THE INJURY OCCUR: _____

NAME(S) OF WITNESS(ES) _____

SEQUENCE OF AID GIVEN TO AND RECEIVED BY INJURED PERSON: (and additional info...complaints of pain?)

Name of Person Filling Out This Form _____
Date Form Was Turned In _____

FILE COPY AT BRANCH REPORTING THE INCIDENT AND SEND ORIGINAL TO DIRECTOR AT ONCE. SHE WILL GIVE THE COPIES TO DEPARTMENTS THAT NEED THEM (HR OR SECURITY)