

Accident Report Form

Location

Date _____ Time _____

Reported by _____ Library Branch _____

Tasks being performed when accident occurred _____

Injuries

Names of persons affected _____

Nature of injury _____

Possible cause of injury _____

Equipment, tool, substance being used prior to accident _____

Property, Equipment Damage

Damaged items _____

Type of damage _____

How did the damage occur _____

Work Being Done When Accident Occurred

Description of work _____

Names of persons involved _____

Equipment(s) and tools used _____

Details (How accident occurred):