



**ROELIFF JANSEN COMMUNITY LIBRARY
Accident/Incident Report Form**

Date of Incident _____ Time of Incident _____

Name(s) of person(s) injured or involved. Please provide phone number(s) if available:

Phone _____

Under 18 yes no

Name of person (s) (including Staff) at the accident/incident site:

Location in the Library where accident/incident occurred:

Describe accident/incident (Basic facts and circumstances):

Action taken by Staff:

Name of staff person who completed this form: _____

Signature _____

Date _____

Name and Signature of other staff or library volunteer who were present:

Name _____

Signature _____

Name _____

Signature _____

Signature of Director acknowledging receipt of form _____

Date _____

Reviewed by Board of Trustees, February 15, 2022