ROELIFF JANSSEN 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