

Accident / Incident Report Form

Revised: January 31, 2021

This form is to be completed for all accidents incidents.

INSTRUCTIONS: All accidents/incidents (**staff, youth, visitor**, etc.) require Sections I and II of the Accident/Incident Report to be completed by the injured person. If unable to do so, the person supervising the activity is to complete the accident report. In all cases, the supervisor of the activity is to complete Section III, review the report for completeness and accuracy, sign and forward to the **Executive Director** within 24 hours of the accident/incident.

SECTION I: PLEASE PRINT OR TYPE ALL INFORMATION FOR INJURED PERSON INVOLVED WITH INCIDENT				
Name:		Location Where Incident Occurred	Reason for Being at Location	
Home Address:				
Telephone Number:		Age:	Date of Birth:	
<input type="checkbox"/> Employee <input type="checkbox"/> Youth <input type="checkbox"/> Volunteer				
SECTION II ACCIDENT DATA				
NATURE OF INCIDENT:	<input type="checkbox"/>	Accident/Injury	<input type="checkbox"/>	Theft/Burglary
	<input type="checkbox"/>	Physical Altercation	<input type="checkbox"/>	Verbal Confrontation
	<input type="checkbox"/>	Property Damage	<input type="checkbox"/>	Other
DATE OF Accident /Incident:		TIME of Accident /Incident:		
Accident /Incident occurred at:				
Briefly explain what happened: (if an injury, (1) explain activities occurring when injury or illness occurred, (2) what happened to cause this injury or illness (3) what was the injury or illness (i.e., state the part of body affected and how it was affected)				
What action was taken: Check <u>all</u> actions taken. If more than one, indicate which occurred 1st, 2nd, etc.				
<input type="checkbox"/>	First Aid – administered by			
<input type="checkbox"/>	Sent to Physician (Name of Physician)			
<input type="checkbox"/>	Sent to Hospital (Name of Hospital)			
<input type="checkbox"/>	Sent Home			
<input type="checkbox"/>	Continued Activity (no action taken)			
Facilitator/Staff:		Name of Witness (if applicable) _____	Phone:	
Person Completing the Report			Date:	
Reviewed by Program Director			Date:	

SECTION III SUPERVISOR/FACILITATOR REPORT ON THE ACCIDENT/INCIDENT

What action has been taken to prevent such an accident/incident from recurring? Include specific details on how it was mediated, how the incident can be avoided in the future.

Supervisor/Facilitator's Account of Incident which supplements and/or clarifies information provided by injured party: (if an injury (1) explains activities occurring when injury or event occurred and, (2) what happened to cause this injury or illness (3) what was the injury or illness (i.e., state the part of body affected and how it was affected)

Section III Completed by:

Signature Date

SECTION IV- FOR BRPC OFFICE - DO NOT WRITE BELOW THIS LINE: INVESTIGATION/REVIEW

Investigation Comments:

Required Action:

Section IV Completed by: _____

Signature Date

Please send completed form to: [Executive Director](#) – [mail, email, fax information]