

Appendix B:

Accident Form

Parma Public Library

(Please give copy to injured party & send to Director's office when completed) Received by Director _____

Location: _____ Date of Injury: _____ Time of Injury: _____

Description of Accident (where/how, etc):

Name/Address/Phone # of Person(s) involved:

Extent of Injury (exact nature & location of injury):

Witnesses:

Was supervisor notified? _____ What time and date? _____

Please list any medical attention given:

Name of person giving medical attention: _____

Staff member making report - Signature: _____

Injured party - Signature: _____

Additional Information:
