Appendix	**Public Policy and Procedure Manual** Approving Authority: Morris Area Public Library District Board of Trustees
	Accident Report Form Issued: 1/5/2010 Reviewed and Revised: 10/05/2011

Use this form to report any accident that you experienced or witnessed.. (e.g. slipping, falling, dropping items on self or others, or any other potentially harmful situations.)

Please submit the completed form to the Library Director.
Date of accident: _____ Time of accident: _____
Where accident occurred: _____

Description of accident. Give a specific and clear description of the accident. Use the back of the sheet if necessary.

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Emergency Personnel Involvement:

Were the emergency services involved? {__}No {__} Yes { Police} {Ambulance} {Paramedics} {Fire}

arrived at _____:_____ a.m./p.m.

Did anyone file a formal complaint? {__}No {__} Yes/ name of filer:_____

Staff Member filing this report:

_____

Follow up requested:

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