BAY COUNTY LIBRARY SYSTEM
ACCIDENT/INJURY REPORT FORM

1. Form **MUST BE COMPLETED** as soon as possible whenever an accident occurs.
2. Form **MUST BE COMPLETED IN DETAIL.** Be sure to **COMPLETE ALL BLANKS**.
3. **Notify** the library Personnel Office at **(989) 894-2837 x2218** when an accident/ injury form is being completed.
4. Form **MUST BE SIGNED** by the Branch Supervisor prior to submitting it to the Personnel Department.
5. If additional space is required, use the back of this form or attach additional sheets. (Check if either is used.)
6. Fax completed form to Financial Analyst/HR Assistant at **(989) 894-8871**. Put original in delivery.

INFORMATION ON ACCIDENT/INJURY – To **be completed as soon as possible after the accident.**

Branch/Location: _____ Date accident occurred: _____ Time ___ a.m. /p.m.
Address: _____ City _____ State _____ Zip _____

INFORMATION ABOUT INDIVIDUAL INJURED

Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____
Person to be notified: _____ Phone: _____

WITNESS (ES)

Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone: _____
Address: _____ City: _____ State: _____ Zip: _____

DESCRIBE INJURY: Indicate the part of the body (Ex. Head, L/R arm, back, etc.) and type of injury (Ex. burn, cut, sprain, etc.)

_____
_____
_____

FIRST AID ADMINISTERED: ____Yes By _____ (Signature) Phone _____
Describe: _____
_____ OR First Aid ____ Refused

POLICE /AMBULANCE SUMMONED: ___Yes __ No Called by: _____ (Signature)

INDIVIDUAL REMOVED BY: Specify: Ambulance Company: _____

Other: _____ Taken to: _____

EMPLOYEE COMPLETING THIS FORM _____ (Signature)

Department _____ Phone: _____ Date: _____ Time form competed: _____ a.m. / p.m.

Have you contacted the Library Personnel Office? Person contacted: _____ Date: _____

Have you contacted the Managing Librarian? Person contacted: _____ Date: _____

MANAGING LIB. /BRANCH SUPERVISOR _____ (Signature) Date: _____

Send ORIGINAL FORM to Personnel Office. Make and keep a COPY for your information.
The"Supervisor's Investigative Report" form MUST BE COMPLETED and ACCOMPANY this form.

HOW TO INVESTIGATE ACCIDENTS

Who Investigates the Accident?

Normally, supervisors are the best qualified people to conduct the investigation. Why? Because of the very nature of their job, they know the employees and their jobs, skills, experience, and attitudes. They also know the equipment, material and working environment. But most importantly, they have the authority in most situations to take corrective action to prevent future accidents. And if necessary, they may request assistance from the Personnel Department.

When to Investigate the Accident?

As soon as the physical situation has been stabilized and any injured persons have been cared for, you should begin the investigation at the accident scene. Immediacy is important because delay can make it more difficult to conduct a complete and factual investigation. Those involved in the accident can quickly forget or alter facts- often unintentionally- as they begin to think about the accident. Witnesses standing around after an accident begin to compare observations and in doing so can influence what they will tell the investigator. Clean-up crews can disturb or remove valuable clues which damaged equipment or material can provide. Therefore, it is essential to begin investigating the accident as soon as possible.

Why Should You Use an Investigative Report?

As early as possible in your investigation, complete an Accident Investigation Report. Use of this form can guide you through a complete investigation, communicate findings to the Personnel Department, and provide a written record of what corrective actions were or were not taken.

How Do You Investigate an Accident?

Using this form, conduct a thorough investigation by completing these four steps:

*Gather all related information

*****Analyze the information

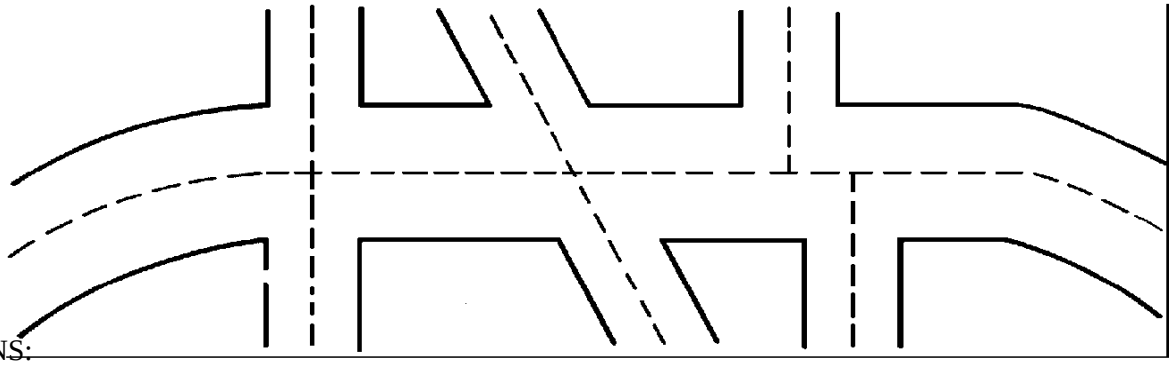
*Determine what corrective action must be taken to prevent a future accident, and

*Take corrective action.

COMPLETE THE FOLLOWING FORM

MOTOR VEHICLE DIAGRAM

Indicate the direction & position of vehicles involved; designate clearly the point of contact.



Indicate north

INSTRUCTIONS:

1) Show vehicles and direction of travel. Your vehicle ➡ Other vehicles 1 2

2) Use solid lines to show path of each vehicle before accident ⇨ dotted line after accident ⇨

3) Give street names.

COMMENTS: _____

SUPERVISOR'S INVESTIGATIVE REPORT

The primary purpose of this report is to detect and eliminate environmental hazards/unsafe procedures which contribute to accidents, injuries, and illnesses. **COMPLETE THIS FORM IMMEDIATELY AFTER AN ACCIDENT OCCURS. IF THE ACCIDENT INVOLVED VEHICLE(S), COMPLETE THE MOTOR VEGIBLE DIAGRAM ON PAGE 2, WRITING DETAILS IN THE COMMENTS SECTION.**

Name of injured person:_____ Date of injury:_____

What happened? _____

Describe what took place or what caused you to make this investigation.

Why did it happen? _____

Get all the facts by studying the jobs and situation involved. Questions by use of Why? What ? When? Where? Who?

What should be done to prevent repetition? _____

Which of the items below require attention?

Equipment	Material	People
Select	Select	Select
Arrange	Place	Place
Use	Handle	Train
Maintain	Process	Lead

What have you done thus far? _____

Take or recommend action, depending on your authority. Follow up.

Supervisor's Signature _____ Date _____

Managing Librarian's Signature_____ Date _____

THIS PORTION TO BE COMPLETED BY BAY COUNTY LIBRARY SYSTEM PERSONNEL OFFICE:

Notified Insurance Co. _____ Agent Name _____ Phone _____ Fax _____

Agents' directions_____

Contacted by _____ Signature) Date Notified _____

Personnel Dept. Report Received & Reviewed By: _____ (Signature) Date: _____

Date (s) Contacted Individual/Hospital: _____ _____ Date (s) Telephoned _____ Date Visited _____

Comments: _____

Date of Final Disposition _____ Cost Incurred by Library: _____