## Accident/Incident Report

## North Babylon Public Library 815 Deer Park Avenue North Babylon, New York 11703-3812 (631) 669-4020

Date/Time of Incident	t:		
Name of Person Involv	/ed:		
	State:		
Telephone Number:			
Date of Birth:	Ag	Age Estimate	
Patron Employee	Vendor Contract	or	
Parent/Guardian:			
City:	State:	Zip:	
Telephone Number:			
Location of Occurrence	ce:		
object, substance, pe	erson was most connected	struck, etc; what machine, with the incident:	
wearing: (sneakers, s	sandals, boots, high hee		
Weather conditions: _			
Lighting:			

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Describe action taken:				
Any action refused?				
Was person taken to the hospital? _				
Which one?				
How were they transported?				
Fire Department involvement?		Time arrived:		
Police Department involvement?		Time arrived:		
Report number		Officer number:		
Witnesses (including staff)				
Name:	Name:			
Add:	Add: _			
Phone:	Phone:			
Additional remarks:				
Person taking report:		Date:		
Supervisor:		Date:		

Always offer to call for emergency medical assistance.
Always give the Director's name and library phone number so they can contact the library if medical treatment is sought after they leave the library.

This report is to be forwarded to the Director's office IMMEDIATELY. This is a legal document.

Copies are not to be made without administrative approval.

Approved by the Board of Trustees February 25, 2003 Updated and Approved by the Board of Trustees, January 19, 2016