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ACCIDENT / INCIDENT REPORT

DATE _____ and TIME _____ of incident.

Location of incident (print): _____

Name of individual reporting incident (print): _____

Name(s) of all persons involved in the incident (print):

Names of other witnesses (patrons or staff) and phone number (print):

Did physical violence or damage to property occur? NO YES

Was the safety of a person endangered? NO YES

Was a patron or staff member injured? NO YES

Any evidence from the incident (e-mails, photos, etc.)? NO YES

Was an outside agency called (EMS, Police, etc)? NO YES

If yes to any above, describe (agency, responding officer name, who took photos, first aid or treatment provided, etc):

Detailed description of incident (be sure to name all of the individuals involved, use opposite of sheet if necessary.)

Report prepared by: _____

Signature

Phone Number

Date