ACCIDENT/INJURY REPORT FORM

INJURED PERSON ☐ **Staff** Complete Sections 1&2 ☐ **Participant** Complete Sections 1&2 ☐ **Visitor** Complete Sections 1&3

SECTION 1 (All)

_____/_____ ☐ Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐ Sat ☐ Sun

NAME DATE OF INJURY Time: _____ ☐ AM ☐ PM

HUMAN RESOURCES NOTIFIED Time: _____ ☐ AM ☐ PM

WHERE ACCIDENT/ILLNESS OCCURED: _____

_____

WHAT LED TO THE INCIDENT (***Be concise***) _____

_____

_____

WHAT HAPPENED (***Be concise-See Back for examples***) _____

_____

_____

BODY LOCACTION OF INJURY (***Select on Back of Form***)

WITNESS(es) _____ ☐ NO WITNESS

SECTION 2 (Staff & Participant Injuries)

ACTION: ☐ Sent Home ☐Called EMS ☐Taken to _____ BY:_____ Time_____☐AM ☐PM

FIRST AID: ***TYPE***: ☐BAND-AIDS ☐ICE PACK ☐OTHER: _____ ☐ No Treatment Required

REFUSAL OF TREATMENT

I REFUSE TO BE SEEN BY A PHYSICIAN FOR POSSIBLE INJURIES. I HEREBY DENY PALADIN THE AUTHORITY TO TAKE ME TO THE EMERGENCY ROOM OR HOSPITAL FACILITY.

_____/_____/_____

Appropriate Signature Witness Signature Date Signed

SECTION 3 (Visitor Information)

NAME_____ PHONE_____

ADDRESS_____CITY_____ STATE_____ ZIP_____

SIGNED:_____/_____

STAFF COMPLETING FORM DATE COMPLETED

Be as concise as possible when explaining Circumstances of the incident.

Examples:

- Was hit by a client/or object during a behavior.
- Moving materials, turned, felt pain in lower leg.
- Injured in a vehicle accident
- Cooking dinner and got burned by boiling water.

Body Location of Injury	Body Location of Injury
☐ Arm Upper Left	☐ Knee Left
☐ Arm Upper Right	☐ Knee Right
☐ Back Lower	☐ Leg Left
☐ Back Middle	☐ Leg Right
☐ Back Upper	☐ Lip
☐ Buttocks Left	☐ Neck Left Side
☐ Buttocks Right	☐ Neck Right Side
☐ Chin	☐ Nose
☐ Ear Left	☐ Not Recorded
☐ Ear Right	☐ Rib (Chest) Left Side
☐ Eye Left	☐ Rib (Chest) Right Side
☐ Eye Right	☐ Shoulder Left Arm
☐ Face Cheek Left Side	☐ Shoulder Right Arm
☐ Face Cheek Right Side	☐ Teeth
☐ Finger Left Hand	☐ Thigh Left Side
☐ Finger Right Hand	☐ Thigh Right Side
☐ Foot Ankle Left	☐ Thumb Left Hand
☐ Foot Ankle Right	☐ Thumb Right Hand
☐ Foot Left	☐ Toes Left Foot
☐ Foot Right	☐ Toes Right Foot
☐ Forearm Left Arm	
☐ Forearm Right Arm	
☐ Forehead	
☐ Hand Left	
☐ Hand Right	
☐ Head Back	
☐ Head Top	

Type of Injury
☐ Bite
☐ Break
☐ Bruise
☐ Burn
☐ Cut
☐ Hit
☐ Illness
☐ None Visible
☐ Scrap
☐ Scratch
☐ Smashed
☐ Sprain
☐ Strain
☐ Other_____

This form is to be completed by the end of Employee's shift.
Form must be turned in to HR within 24 hours or by the next business day.

Revised 4/22 MEC