

UXBRIDGE MUSIC HALL

ACCIDENT REPORT

Complete & give to Supervisor within 24 hours of incident	Accident date / / / Time of injury
Exact location of Accident	
Name of Injured Person	Phone:
Street Address	
Name of Parent/Guardian (if applicable?)	Phone:
Describe Injury & Treatment Given	
Injury	
What caused injury?	
First Aid Given?	
Was parent/guardian called? Yes/No	Dr.or Hospital Yes/ No Name of Dr./Hospital

Accident considerations

Was Township equipment in use by injured person	If, describe:
Does equipment need inspection: Yes /No	State type of inspection suggested
Was another person involved Yes/No	If yes, give name, address & telephone number:

Witnesses:

1. Name	Address	Phone:
2. Name	Address	Phone:
3. Name	Address	Phone:
Signature of Employee/Volunteer	Phone:	Date completed
Signature of Supervisor	Phone:	Date reviewed