



Accident/Injury Report Form

ALL VISITORS OR VOLUNTEERS MUST COMPLETE AN ACCIDENT/INJURY REPORT WHEN THEY SUSTAIN AN INJURY.
This Must Be Completed Within 24 Hours After The Accident/Injury Occurs.

Volunteers and the public are required to fill out an Accident Report for animal and non-animal related accidents, falls or injuries. Non-compliance may result in a liability to the shelter and will not be tolerated. Accident Reporting ensures there is a record of the incident on file and helps the Parma Animal Shelter provide a safe work environment. If the volunteer and/or public chooses not to fill out a form, the shift leader will write the report and state on the form the person's refusal to record the accident.

An Accident Report must be filled out, copied and distributed to the *President, Cat/Dog Health and Welfare or Board of Trustees Review mailbox* by the volunteer taking the report.

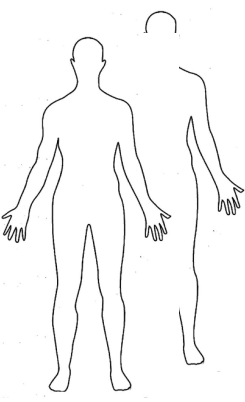

WHEN? WHERE?	Date:	Time:
	Location:	
WHO?	Name of Person Completing Form:	
	Address:	
	Phone:	Email:
	<input type="checkbox"/> Adult <input type="checkbox"/> Minor	<input type="checkbox"/> Volunteer <input type="checkbox"/> Public
	Name or Person(s) Involved in Accident/Injury/Near Miss:	
	Address:	
	Phone:	Email:
	<input type="checkbox"/> Adult <input type="checkbox"/> Minor	<input type="checkbox"/> Volunteer <input type="checkbox"/> Public
	Witness(es):	
	Address:	
	Phone:	Email:
	<input type="checkbox"/> Adult <input type="checkbox"/> Minor	<input type="checkbox"/> Volunteer <input type="checkbox"/> Public
TYPE OF ACCIDENT	<input type="checkbox"/> Accident/injury involving an animal (ex. a bite or scratch)	



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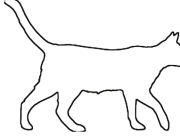
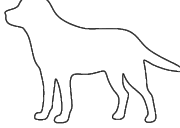
/INJURY	<input type="checkbox"/> Accident/injury involving a person (ex. a fall or slip) <input type="checkbox"/> Near miss (could have caused injury to person or animal, or could have caused damage to building, equipment or materials)
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PLEASE FILL OUT PAGES 1 & 2

NATURE OF INJURY	<input type="checkbox"/> Cat Related Injury Name of Cat:		<input type="checkbox"/> Dog Related Injury Name of Dog:	
	<input type="checkbox"/> Person Accident/Injury		<input type="checkbox"/> Other or Near Miss	
WHAT HAPPENED? (Try to answer as many of the questions as possible. Get Witness Statements and Attach)	What was the person/animal doing – why did they get hurt? Or property damaged?			
	What hurt them? What part of body? What sort of injury? What sort of property damage?			
	How do you think this type of incident can be prevented? <i>Example: By wearing protective gloves while using exacto-knife</i>			
WHAT RESULTED? Person	Current Disposition - Check Yes/No		Body Part Injured (Please indicate or circle on image below)	
	First Aid	<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Left <input type="checkbox"/> Right
	What kind of Treatment? (<i>Example: Cut was washed; antiseptic and bandage were applied</i>)			<input type="checkbox"/> Front <input type="checkbox"/> Back
	Sent to Hospital	<input type="checkbox"/> Yes <input type="checkbox"/> No		Area of Injury:
	EMS	<input type="checkbox"/> Yes <input type="checkbox"/> No		
	EMS Name:			
	Hospital:			
	WHAT RESULTED? Animal	Current Disposition - Check Yes/No		Body Part Injured (Please indicate or circle on image below)
First Aid		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Left <input type="checkbox"/> Right
What kind of Treatment? (<i>Example: Cut was washed; antiseptic and bandage were applied</i>)		<input type="checkbox"/> Front <input type="checkbox"/> Back		
Seen by Vet		<input type="checkbox"/> Yes <input type="checkbox"/> No		Area of Injury:



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	Sent to Emergency Vet	<input type="checkbox"/> Yes <input type="checkbox"/> No	 	
	Veterinarian Name:			Type of Injury:
	Emergency Vet Name:			

FINAL ACTIONS

- ☐ Notify Cat/Dog Health and Welfare as soon as possible
- ☐ Put copy in Cat/Dog Health and Welfare mailbox
- ☐ Put copy in President mailbox
- ☐ Put copy in Accident/Incident Review mailbox



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FOR SHELTER USE ONLY

HEALTH & WELFARE

In the case of a bite or scratch...

- ☐ Notify ACO
- ☐ Copy placed in ACO mailbox (on door). The ACO will notify the Board of Health

REVIEW BOARD FINDINGS

Any corrections of unsafe condition(s), procedures or acts need addressing? ☐ Yes ☐ No
If yes, who will address?

How do you think this type of incident can be prevented? (**Example:** *By wearing protective gloves while using exacto-knife*):

Disposition

- ☐ Original in Accident/Injury Report File at front desk
- ☐ Copy of report given to appropriate H&W Chair
- ☐ Copy given to injured party
- ☐ Copy given to President
- ☐ Copy placed in Board of Trustees Review mailbox

Signature(s) & Date of Review Board:
