

Caldwell County Incident Reporting Form for Patrons

Immediately report all non-employee incidents to
Safety Coordinator – 759-8847 or Human Resources 757-1325 or fax 757-1295

Non-Employee Incident Information

Name of Patron: _____ Phone: _____

Address of Patron: _____

Age: _____ Gender: Male Female Relationship: _____ Self _____ Parent _____ Guardian

Name of Parent/guardian: _____

Address of Parent/guardian: _____

Incident Information and Description

Date/Time of Incident: _____ am/pm

Medical Treatment Needed? Y N If Yes Location: _____

If No: Medical treatment refused or Medical treatment unnecessary

Address and location of Incident: _____

Describe fully how the incident occurred: _____

Description of the incident (injury/illness or other) if applicable:

Statements of Report Validation

I _____ attest to the validity of the above incident information & description

(Name of EMPLOYEE completing this report)

Signature

Date

I _____ attest to the validity of the above incident information & description

(Name of PATRON this report pertains to)

Signature

Date

Name and contact information of Witnesses if applicable:

Name: _____

Name: _____

Address/Phone: _____

Address/Phone: _____

Initial Investigation (completed by Department's Safety Committee Member, Dept. head or Safety Cord.)

Corrective Action Plan – describe:

Corrections Implemented? Yes No

By Whom?

Date Completed

Safety Committee Review Date:_____

Findings: