

Stamford Museum & Nature Center

Report of Accident or Injury

This report is to be completed by a SMNC staff person immediately when reporting an injury or accident involving another staff member, visitor, guest or member. When in doubt, please complete this report, and notify your supervisor within 24 hours of the occurrence.

Date of Injury: _____ Time: _____ AM/PM

Injured Party: _____

If a minor, name of parent/guardian: _____

Address: _____

Phone: _____ Age: _____ Sex: _____

Describe accident/injury in detail including where it occurred, time of occurrence and names of witnesses: _____

Did injured require medical attention? _____ Was emergency treatment given? _____ By whom? _____ If taken to hospital, please give details: _____ By ambulance? _____

Provide details: _____

Names of Witnesses: _____

Phone Number(s) : _____

What caused the accident/injury? _____

Name of person completing report: _____ . Did you observe/witness accident? _____

Weather conditions: _____

Could the accident have been prevented? _____

How? _____