**CHAPTER 11 APPENDIX**

This appendix includes a sample of an Injury Report. As stated in the text, the development of an Injury Report (and Evacuation Report) should be developed by the EAP planning team, the risk management advisory committee (e.g., legal counsel, insurance experts/provider), and medical professionals providing consultation.

**SAMPLE: FACILITY INJURY REPORT**

|  |  |  |  |
| --- | --- | --- | --- |
| **BASIC INFORMATION** | | | |
| Today’s Date |  | | |
| Facility: Name and Location |  | | |
| Employee’s Name (completing report) |  | | |
| Position |  | | |
| Phone number |  | | |
| Email |  | | |
| **INJURY INFORMATION** | | | |
| Date |  | | |
| Time |  | | |
| Location |  | | |
| Body part(s) injured |  | | |
| Description of injury |  | | |
| Cause of injury |  | | |
| Care provided |  | | |
| Were emergency medical services contacted? |  | | |
| *If yes, include EMS personnel and/or police name and contact information* | | | |
| **Name** | | **Contact Information** | |
| 1. | |  | |
| 2. | |  | |
| 3. | |  | |
| **INJURED PARTY** | | | |
| Name |  | | |
| Address |  | | |
| Phone Number |  | | |
| Email |  | | |
| Date of Birth, if known |  | | |
| Relationship to Facility (Member/Participant/Spectator/Staff) |  | | |
| **WITNESS INFORMATION**  ***(If eye-witnesses were interviewed, attach their written statements)*** | | | |
| Name | Address | | Contact |
| 1. |  | |  |
| 2. |  | |  |
| 3. |  | |  |
| 4. |  | |  |
| 5. |  | |  |
|  | | | |
| **Additional comments such as the following that are relevant to the Injury:**   1. Comments from victim, if available: 2. Comments of staff member (first responder) and MOD: 3. Description of photos (attached to this report) taken, if applicable: 4. Other: | | | |

Signature: (MOD) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Facility Manager) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Follow-up with Victim or Victim’s Emergency Contact:**

Employee Conducting Follow-Up: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Victim’s Name/Emergency Contact’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Comments: