Superior District Library
541 Library Drive
Sault Ste. Marie, MI 49783

INCIDENT REPORT

Library Affiliate: _____ Date: _____

Name: _____

Address: _____

Telephone Number: _____

Gender: _____ Birthdate: _____

Nature of Incident: (including where, when, how, cause and result if known)

Officially Reported to: (Police, Fire, Ambulance)

Witnesses: (Name and Telephone Number)

1._____

2._____

3._____

Staff Notified: (Name, Time and Date)

Library Manager: _____

Superior District Library Director: _____

Other Authorized Party: _____

In Case of Medical or Injury Incident:

Insurance Company Notified: yes ☐ no ☐ Company Name:

Medical Treatment Recommended: yes ☐ no ☐ Staff Initials: _____

Medical Treatment Accepted: yes ☐ no ☐

Signature: _____ Date: _____

Outcome of Incident:

Signature of Staff: _____ Date: _____

Signature of Injured: _____ Date: _____

Witness: _____ Date: _____

Witness: _____ Date: _____