Incident Injury/Accident Report

Incident Name	☐ Volunteer ☐ Paid
Name	Affiliation
Address	City, State Zip
	☐ M ☐ F **/ /**
Phone Number	Sex Date of Birth

Date and Time	1	Date of injury _____/_____/_____ Time _____
Location	2	Location and duty assignment when injured
Person Injured	3	Describe fully how injury occurred and what was being done when injured
Cause and Nature of Injury	4	List all injuries and specific body part involved (e.g., right hand or left hand)
Photographs	5	Photo(s) of injury / Photos of Scene. Email photos to: **BCAnimalControl@ButteCounty.net** Write injured volunteers name in Subject line.
Witnesses	6	Name, Position & Contact Information
Treatment	7	List any first aid and/or treatment given at the scene
	7a	Was the injured person seen by a physician or treatment center? ☐ Yes or ☐ No
	7b	Physician's Name/Address:
	7c	List diagnosis and treatment given:
	7d	☐ Report Only (no treatment needed) ☐ I declined treatment ☐ Treatment was provided ☐ Treatment will be sought
Animal Involved	8	Animal ID:
		Description:
		Owner Information:
Signatures	9	Signature _____ Date_____ Supervisor/Witness Signature _____ Date_____ Safety Officer Signature _____ Date_____

Notify Safety Officer and/or Shelter Lead, keep copy at site and give a copy to injured volunteer.

Attach any additional information (Bite Report, Other Reports, Photographs if possible, etc.)

12/17/2020