

**SENIOR SERVICES, INC.**

**NON-EMPLOYEE INCIDENT FORM**

Date of Accident/Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Person Involved: Name: \_\_\_\_\_ Contact Information: \_\_\_\_\_

Person Involved:  Participant:  Visitor  Volunteer  Other

Location of Accident/Incident: \_\_\_\_\_

Description of Accident/Incident: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witnessed by: \_\_\_\_\_ Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

Injury and Treatment: \_\_\_\_\_

\_\_\_\_\_

**Notified - Family , Emergency Contact, or Other Personal Contact**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Reported by: \_\_\_\_\_ to Senior Services Staff Person: \_\_\_\_\_

Partner Organization: \_\_\_\_\_ Date \_\_\_\_\_

Received - Chief Operating Officer:

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Received by: \_\_\_\_\_

**Safety Report:**

Could this accident/injury have been avoided? Yes  No

If so, how? \_\_\_\_\_

\_\_\_\_\_

Corrective Action Taken \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please circle or otherwise indicate the location and type of injury

