

Nevada Public Library

Incident Report

FILL OUT AND RETURN TO LIBRARY DIRECTOR WITHIN 24 HOURS OF INCIDENT.

Date of incident: _____ Time of incident: _____

Location of incident: _____

TYPE OF PROBLEM	SEVERITY	ACTION TAKEN <i>(mark all that apply)</i>
<input type="checkbox"/> Accident	<input type="checkbox"/> Minor	<input type="checkbox"/> Notified Library Director
<input type="checkbox"/> Bomb threat	<input type="checkbox"/> Major	<input type="checkbox"/> Applied first aid/CPR
<input type="checkbox"/> Explosion	<input type="checkbox"/> Difficult to assess	<input type="checkbox"/> Cleared Library building
<input type="checkbox"/> Fire		<input type="checkbox"/> Called 911
<input type="checkbox"/> Illness/Death		<input type="checkbox"/> Called Police
<input type="checkbox"/> Unattended child(ren)		
<input type="checkbox"/> Robbery/Theft		<input type="checkbox"/> Called Board member: _____
<input type="checkbox"/> Drug/Alcohol related		
<input type="checkbox"/> Severe patron misconduct		
<input type="checkbox"/> Other		

Give brief but precise description of accident or incident:

If the incident involved patron(s), please list their name(s) and address(es). If child, please give parents' names and addresses as well.

Name _____ Phone _____

Address _____

more information can be added to the back of this form

Name of employee filling out this report: _____

Employee's signature: _____

Date of report: _____