River Valley Child Development Services

Incident/Injury Report Form

○ Employee ○ Client ○ Vendor *This form must be completed within 12 hours of occurrence then sent to Human Resources within 24 hours* **SECTION 1** (Complete this section for all incidents/injuries, including automobile.) Name of person(s) involved: _____ If minor, name of parent/guardian: Home/Cell Phone Number: _____ Work Phone Number: _____ ___ Program Name: ____ Program Location: ____ Incident Report Form Completed By: ______ Date Completed: Date of Incident: O AM O PM Was there an Injury? O Yes O No Did injury require treatment by a doctor? O Yes O No Was individual transported by ambulance? O Yes O No Description of Incident/Injury: Explain in detail the location of the individual, what he/she was doing, other people, equipment, or objects involved, type of injury, (cut, bruise, break, sprain, strain) etc. Attach additional sheet if necessary. Location of Incident: O Home O Lobby O Office O Training/Conference Room O Storage/Supply Room O Parking Lot ○ Bathroom ○ Classroom ○ Playground ○ Hallway ○ Stairway ○ Elevator ○ Driving Other (specify) _____ Body Parts Injured: O Eye (L R) O Ear (L R) O Nose O Mouth O Tooth O Face O Neck O Back O Head ○ Trunk ○ Arm/Wrist/Hand (L R) ○ Leg/Ankle/Foot (L R) ○ Other (specify) List witnesses & their contact information: Attach relevant pictures:

© Equipment EnvironmentVehicleOther SECTION 2 (In addition to section 1, complete this section only if person involved is a RVCDS employee.) Employee Position: Physical location where incident/injury occurred: ______ ____ Regular Work Hours: _____ O AM O PM to _____ O AM O PM Time work began on day of incident/injury: _____ O AM O PM Time work ended: ____ O AM O PM Did injury occur while performing regular job duties? O Yes O No If no, explain: _____

SECTION 3 (In addition to section 1 and 2, complete this section for moving violations and auto accidents.)

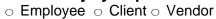
Did you leave work as result of injury? O Yeso No

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Do you anticipate being treated by a doctor? O Yes O No If yes, where? _____

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Type of Violation, if any:			
Signature of Person Completing the Form	Date		
Human Resources	Date		

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