



# 4-H Accident/ Incident Report

Date report completed:

Name of Extension employees and/or adult volunteers reporting:

Who was involved?

Parents' names and addresses:

What happened that was either an accident/incident? Give a brief description:

Was there a breach of the code of conduct? If so, give a brief description:

Date and time of accident/incident:

Date:

Time:

Location of accident/incident, including city, state, name of building, etc.:

How was the issue resolved, what action was taken, etc.?

Who was responsible for:

Calling medical help:

Attending to injured person:

Was onsite first aid administered? If so, please explain:

Was a physician required? If so, please explain:

Follow-up (if needed):

**File report with: Direct Supervisor, Extension Regional Coordinator, and Associate Director/4-H.**

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Form 1104 (POD-07-19)

By **Paula Threadgill**, PhD, Associate Director, MSU Extension, and **John Long**, PhD, Assistant Extension Professor, 4-H Youth Development.



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