



EXTENSION VOLUNTEER INCIDENT FORM

Office of Risk Management – 103 Rider Building – 227 W. Beaver Avenue
 State College PA 16801
 (814) 863-5539 (814)865-4029 Fax

County: _____ Person to Contact _____

Phone: _____ Fax: _____ Email: _____

TIME & PLACE OF ACCIDENT/INCIDENT	Date: _____ Time: _____ Location: _____ City: _____ State: _____ Zip: _____									
PROPERTY DAMAGE	Owner: _____ Phone: _____ Address: _____ City: _____ State: _____ Zip: _____									
INJURED PERSON	4-H'er _____ 4-H Volunteer _____ Other Volunteer _____ General Public _____ Name: _____ Age: _____ Address: _____ Phone: _____ City: _____ State: _____ Zip: _____ Occupation: _____									
WITNESSES	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%; text-align: center;">Name</th> <th style="width: 33%; text-align: center;">Address</th> <th style="width: 33%; text-align: center;">Phone</th> </tr> </thead> <tbody> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </tbody> </table>	Name	Address	Phone	_____	_____	_____	_____	_____	_____
Name	Address	Phone								
_____	_____	_____								
_____	_____	_____								
FACTORS	Premises: dry ___ wet ___ snow covered ___ icy ___ Other: _____ Surface: concrete ___ asphalt ___ metal ___ carpet ___ tile ___ other: _____ Lighting: indoor: on ___ / off ___ outdoor: sunny ___ / overcast ___ Other: _____ Describe Injury: _____									
DESCRIBE INCIDENT FACTS IN DETAIL USE A SEPARATE SHEET OF PAPER IF NECESSARY										

Date of this Report: _____ Signature: _____

SEND **COPY** OF THIS REPORT TO EXTENSION PROGRAM LEADER.

Reporting an Incident Extension Volunteer Event or Activity

In the event of an incident resulting in a bodily injury or property damage occurs during any 4-H/extension volunteer event or activity please complete an Incident Form. It is your responsibility to complete the form and to obtain the name, address and telephone number of witnesses to the incident. This responsibility also applies to the Extension staff who is involved in the event. **Extension volunteers and staff are to refrain from discussing incidents that occur, but to report to Penn State's Risk Management Office. All legal correspondence associated with an incident should be reported immediately to the Risk Management Office.**

The following instructions should be followed when using the Incident Form. Copies of the instructions and report forms should be copied and given to volunteer leaders.

Volunteer Leader Responsibility:

1. Immediately, contact your county Extension Educator to report incident.
2. Complete incident form and turn into the County Extension Office within 24 hours.

Extension Educator Responsibility:

1. Immediately contact District Director.
2. Review incident report form to make sure all information is complete.
3. Send the original form to:
Peg Janowiak
Claims Specialist
Risk Management Office
227 W. Beaver Avenue, Suite 103
State College, PA 16801
Direct: 814-863-5539 Fax: 814-865-4029
Email: mxj4@psu.edu
4. Send copy to: Extension Program Leader

Clarification If a police department or fire company did an investigation, include the name of the department or company, incident number and its address so that a copy of their report may be obtained if necessary.