PENNSTATE

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	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 THE 4-H RISK MANAGEMENT & VOLUNTEER COORDINATOR.

Reporting an Incident
Extension Volunteer Event or Activity

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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
   Claim Manager
   Risk Management Office
   227 W. Beaver Avenue, Suite 103
   State College, PA 16801
   Direct: 814-863-5539 Fax: 814-865-4029

4. Send copy to: Karen Hack
   4-H Risk Management & Volunteer Coordinator
   115 Ag Sciences & Industries Building
   University Park, PA 16802
   ksh1@psu.edu

Note: Information included on this form or about the incident is confidential. Copies of this form should not be kept by parents, volunteers, media or other individuals. In addition, copies of our incident reports should not be shared with other insurance companies such as American Income Life. Penn State Risk Mangement Office (Peg Janowiak) is the gatekeeper for all information.

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.