



Accident Report Form

Please complete this form if a volunteer or a patron suffers a mishap at any Master Gardener event. Return the form to the Master Gardener office.

Name of Event: _____

Date(s) of Event: _____

Event Chairperson: _____ Phone: _____

Name of Injured Person(s) and Phone(s) : _____

Detailed Description of Accident _____

Name(s) and Phone Number of Witness(es) _____

Was EMS or other health professional called? _____ Who: _____

Was the injured person transported to hospital? _____ Where: _____

Other pertinent information: _____

Submitted by: _____

Date: _____