## Emerson Stage Accident/Incident Report Form

This form should be completed by the Stage Manager or Production Supervisor on the production. Thank you!



Your Name:	Your Position:	
Name of Injured:	Date of Accident:	
Time:	Production:	
Performance Space:	Department/Position:	
A brief description of the accident:		
A brief description of the injury:		
Where there any unsafe conditions or un	safe acts that contributed to the accident? Yes N	lo
If yes, please describe:		
What were they doing at the time of the	injury?	
Was first aid given? Yes No		
Did injured go to the Emergency Room?	Yes No	
Was ECPD Called? Yes No	If yes, by whom?	
Was 911 Called? Yes No	If yes, by whom?	
Was medical assistance declined? Yes	No	
Witnesses:		