Accident / Incident Report Form

☐ Accident (Involves physical injury)
☐ Incident

Department _____ **Off-site Facility** _____

Name _____ Phone _____ _____
Day *Evening*

Address _____
Street *City/State* *ZIP*

Date of Birth _____

Parent/Guardian Name _____
(If under 18 yrs old)

Accident date ___/___/___

Time ___:___ *am* ☐ *pm* ☐

Gender
female ☐
male ☐

Age _____
nursery ☐ elementary ☐ young adult ☐
preschool ☐ middle school ☐ adult ☐
high school ☐ senior ☐

Status
staff on duty ☐ guest ☐
staff off duty ☐ member ☐
participant ☐

General Information (Nature of activity, place, general condition)

Describe exactly what happened. (Attach additional sheets as needed).

_____
_____
_____

Medical Information *Fully describe the injured party's condition and any first aid given.*

_____
_____
_____
_____

yes *no*
First aid administered? ☐ ☐
by whom: _____
Blood-borne exposures? ☐ ☐
to whom: _____

yes *no* *declined*
Further medical attention? ☐ ☐ ☐ If so, where and by whom: _____

yes *no*
Was parent / guardian / emergency contact notified? ☐ ☐ If so, when? _____

Who was called and what was the outcome? _____

With whom did the injured party leave the site? (Name and relationship to injured). _____

Witnesses (check box to indicate staff [s], participant [p], or volunteer [v]; indicate age for youthful witnesses)

s	*p*	*v*	*name*	*age*	*phone*	*address*	*city*	*state*	*zip*
☐	☐	☐							
☐	☐	☐							
☐	☐	☐							

Accident management

Staff member filing report _____ position _____ date _____

Supervisor reviewing report _____ position _____ date _____

CEO/ Executive reviewing report _____ date _____

Corporate management

Human Resource Director _____ date _____

Filed with: ☐ *WC* ☐ *Philadelphia* date report filed _____

Follow-up

yes *no*
Was there follow-up contact? ☐ ☐ If yes, date and by whom? _____ by _____

If yes, detail status. _____
_____
_____

please also complete the reverse side of this form

Accident Reporting Form, page 2 injured person: _____ injury date: _____

Please check one and only one box in each of the following sections

Specific Location of Accident

- ☐ Boy's Locker Room
- ☐ Child Watch Room
- ☐ Childcare Rm # _____
- ☐ Girl's Lock Room
- ☐ Group Fitness Studio
- ☐ Gymnasium
- ☐ Large Pool
- ☐ Lobby
- ☐ Men's Locker Room
- ☐ Parking Lot
- ☐ Playground
- ☐ Racquetball Court # _____
- ☐ Small Pool
- ☐ Spinning Room
- ☐ Track
- ☐ Wellness Center
- ☐ Women's Locker Room
- ☐ Youth/Teen Wellness Center

Specific location

- ☐ Off Site Location: _____
- ☐ Camp Mataucha: _____
- ☐ Camp Oakasha: _____
- ☐ Other: _____

Program: (indicate name) _____

- ☐ Aquatics: Organized Youth
- ☐ Aquatics: Organized Adult
- ☐ Aquatics: Open Swim
- ☐ Aquatics: Swim Team
- ☐ **Please specify**
- ☐ Childcare: Before/After
- ☐ Childcare: Preschool
- ☐ Child Watch
- ☐ Group Fitness Class
- ☐ Open Gym
- ☐ Personnal Training
- ☐ Senior program / activity
- ☐ Special Events / field trips
- ☐ Social outreach
- ☐ Basketball
- ☐ Volleyball
- ☐ 21st Century
- ☐ Other - See below

General Activity

- ☐ Aquatics: boating, all forms
- ☐ Aquatics: exercise class
- ☐ Aquatics: family / free swim
- ☐ Aquatics: lap swim
- ☐ Aquatics: lessons
- ☐ Aquatics: team (incl practice)
- ☐ Baseball / Softball / T-ball
- ☐ Basketball
- ☐ Bicycles
- ☐ Class: Aerobics
- ☐ Class: Kick-boxing
- ☐ Class: Martial arts
- ☐ Dance
- ☐ Dressing / undressing
- ☐ Exercise: Cardio equip.
- ☐ Exercise: Free weights
- ☐ Exercise: Strength equip.
- ☐ Exercise: Run / walk
- ☐ Exercise: Other personal
- ☐ Football
- ☐ Free / unstructured play
- ☐ Games / structured activity
- ☐ Gymnastics
- ☐ Hiking / backpacking
- ☐ Hockey (ice or roller)
- ☐ Horseback riding
- ☐ Playground equipment
- ☐ Racquetball / handball / squash
- ☐ Skateboarding
- ☐ Skating (ice or roller)
- ☐ Skiing / snowboarding
- ☐ Soccer
- ☐ Sauna / Steamroom
- ☐ Theft / robbery
- ☐ Transportation
- ☐ Volleyball / Walleyball
- ☐ Walking - Accidental
- ☐ Other -

Specific Action

- ☐ Aggressive behavior of / by
- ☐ Fight
- ☐ Caught in, by, or between
- ☐ Contact with / exposure to
- ☐ Exertion
- ☐ Verbal Taunting/Teasing
- ☐ Fall (from, onto, into, or against)
- ☐ Handle / use / touch
- ☐ Horseplay
- ☐ Struck by / against
- ☐ Intimidation
- ☐ Inhale / ingest
- ☐ Participation / playing
- ☐ Pushed / pulled / bumped
- ☐ Theft
- ☐ Other: _____

Source of Injury

- ☐ Aquatics facility: deck / dock
- ☐ Aquatics facility: equipment
- ☐ Aquatics facility: sides / bottom
- ☐ Aquatics facility: water, body of
- ☐ Blood / body fluids
- ☐ Door
- ☐ Environment..sun, heat, etc.
- ☐ Equipment: Exercise
- ☐ Equipment: Playground
- ☐ Floor / Ground
- ☐ Furniture
- ☐ Insect / animal
- ☐ Locker / cabinet
- ☐ Object (ball / bat / toy / etc.)
- ☐ Person (another)
- ☐ Self
- ☐ Wall / vertical surface
- ☐ Other -

Body part

please check if applicable ==> O right O left O upper O lower

- ☐ Arm
- ☐ Hand / finger
- ☐ Wrist
- ☐ Elbow
- ☐ Leg
- ☐ Foot / toe
- ☐ Ankle
- ☐ Knee
- ☐ Shoulder
- ☐ Chest
- ☐ Stomach
- ☐ Side
- ☐ Back
- ☐ Buttocks
- ☐ Hip
- ☐ Groin
- ☐ Face
- ☐ Ear
- ☐ Eye
- ☐ Nose
- ☐ Head
- ☐ Neck
- ☐ Heart
- ☐ Mouth / lips / teeth
- ☐ None / not applicable
- ☐ Other - _____

Conditions at Scene Collect all Evidence (Take Pictures if Camera is Available) : _____

Actions taken to prevent secondary effects (Attach add'l sheets if needed): _____

Comments(Attach add'l sheets if needed): _____