

Incident Report Form

Instructor name: _____

Date of incident: ___/___/___ **Time:** _____ am/pm

Weather: _____

Location of incident: _____

Participant Information:

Name of injured: _____

Contact person: _____ Phone: _____ Age: ___

Job/Grade of injured: _____

Incident Information:

Description of incident: _____

What activity were you engaged in at the time of the incident?

How did the incident happen? _____

Injured person's reaction to the incident: _____

Injury Information:

Identify specific injured area(s) involved, type of injury, and what caused each injury:

Specific injured area (Left or Right)	injury size
_____	_____
_____	_____

Type of injury:

Abrasion: ___ Burn: ___ Contusion (Bruise): ___ Dislocation: ___ Fracture: ___

Incision: ___ Laceration: ___ Puncture: ___ Sprain: ___ Strain (muscle): Other: ___

First aid given (what, by whom) at time of injury: _____

First aid supplies used: _____

Other medical treatment or action taken (what, by whom, when):

Taken to doctor or hospital? _____

If so, hospital name and attending physician: _____

Treatment given: _____

Statements:

Injured person's statement about the incident:

Witnesses (name, statement, signature):

1. Name: _____ **Statement:** _____

2. Name: _____ **Statement:** _____

Other relevant information: _____

1. Staff name: _____

Comments: _____

2. Staff name: _____

Comments: _____

Follow-Up Communication by Manager and/or Executive Director:

Comments: _____

Date of Follow-up Communication: _____

Date reviewed by Safety Committee: _____

Action taken: _____

Date action taken: _____ Signature: _____