

[pink form]

Accident Report Form

RECREATIONALSPORTS
UNIVERSITY OF MINNESOTA

Date: _____ Time of Injury: _____ am/pm Time Notified: _____ am/pm

Victim's Name: _____ ID# _____ Male Female Age: _____ DOB: _____

Address: _____ Phone: _____

Classification: Student Faculty Staff Public: _____

Program Area: Open Rec Aquatics COA Fitness Intramurals Sport Clubs Youth Special Event

Activity: _____

Brief Description of Accident: _____

Body Fluid Spill: YES- See back side No 911 Called: YES- See back side No

Action Taken by DRS Employee: _____

Witness Name: _____ First Aid By: _____

Witness Address: _____ Witness Phone: _____

Transported By: _____ Method of Transportation: _____

Location of Accident

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> URC North Gymnasium | <input type="checkbox"/> UAC Diving Well | <input type="checkbox"/> SPG Gymnasium | <input type="checkbox"/> Cooke Field# _____ |
| <input type="checkbox"/> URC South Gymnasium | <input type="checkbox"/> UAC Competition Pool | <input type="checkbox"/> SPG Fitness Center | <input type="checkbox"/> Mariucci Arena # _____ |
| <input type="checkbox"/> URC Upper Fitness Center | <input type="checkbox"/> UAC Aux Locker Rooms | <input type="checkbox"/> SPG Aerobic | <input type="checkbox"/> Bierman Field # _____ |
| <input type="checkbox"/> URC Lower Fitness Center | <input type="checkbox"/> Cooke 10 | <input type="checkbox"/> SPG Mat Room | <input type="checkbox"/> West Bank Field # _____ |
| <input type="checkbox"/> URC North Courts | <input type="checkbox"/> Cooke 15 | <input type="checkbox"/> SPG Climbing Wall | <input type="checkbox"/> St. Paul Soccer Field # _____ |
| <input type="checkbox"/> URC South Courts | <input type="checkbox"/> SPG Pool | <input type="checkbox"/> SPG Courts | <input type="checkbox"/> St Paul Tennis Courts |
| <input type="checkbox"/> URC Other: _____ | <input type="checkbox"/> Aquatic Other: _____ | <input type="checkbox"/> SPG Upper Multi-Purpose Room | <input type="checkbox"/> University Tennis Courts |
| <input type="checkbox"/> Cooke 325 | <input type="checkbox"/> GC Driving Range | <input type="checkbox"/> SPG Lower Multi-Purpose Room | <input type="checkbox"/> Sports Pavilion |
| <input type="checkbox"/> Cooke 308 | <input type="checkbox"/> Golf Course Hole # _____ | <input type="checkbox"/> SPG Other: _____ | <input type="checkbox"/> Other: _____ |

Possible Nature of Injury

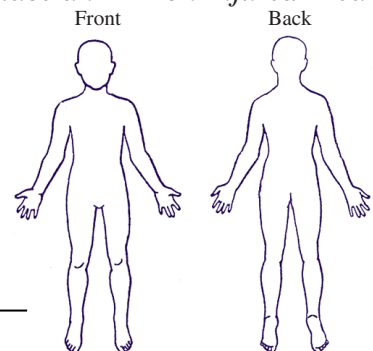
- Bruise
- Discoloration
- Trouble Breathing
- Fracture
- Cut/Scrape
- Sprain
- Strain
- Nose Bleed
- Loss of Consciousness
- Other: _____

Check Part of Body Injured

- | | |
|---|--|
| L R | |
| <input type="checkbox"/> <input type="checkbox"/> Hand | |
| <input type="checkbox"/> <input type="checkbox"/> Wrist | |
| <input type="checkbox"/> <input type="checkbox"/> Forearm | |
| <input type="checkbox"/> <input type="checkbox"/> Elbow | |
| <input type="checkbox"/> <input type="checkbox"/> Upper Arm | |
| <input type="checkbox"/> <input type="checkbox"/> Shoulder | |
| <input type="checkbox"/> <input type="checkbox"/> Ribs | |
| <input type="checkbox"/> <input type="checkbox"/> Pelvis | |

- | | |
|--|--|
| L R | |
| <input type="checkbox"/> <input type="checkbox"/> Foot | |
| <input type="checkbox"/> <input type="checkbox"/> Ankle | |
| <input type="checkbox"/> <input type="checkbox"/> Shin | |
| <input type="checkbox"/> <input type="checkbox"/> Knee | |
| <input type="checkbox"/> <input type="checkbox"/> Hamstring | |
| <input type="checkbox"/> <input type="checkbox"/> Quadriceps | |
| <input type="checkbox"/> <input type="checkbox"/> Groin | |
| <input type="checkbox"/> <input type="checkbox"/> Other: _____ | |

Place an "X" on Injured Area



Release Signature: *Refusing Attention* - I have been advised that I may have a medical condition(s) which may require an examination by a doctor and I refuse such medical care and /or advice as has been recommended by the Department of Recreational Sports personnel -OR- I do not believe a medical emergency exists and I require no further assistance.

Signature: _____ Date: _____ Time: _____

Completed By: Name: _____
Address: _____
Phone: _____

Do You Recommend Follow-up?
 Yes No

Revision - 2011

Accident Description Continued: _____

911 RESPONSE DOCUMENTATION

Time 911 call was placed: _____ am/pm

On Scene:

Arrival Time:

Departure Time:

Police

_____ am/pm

_____ am/pm

Fire

_____ am/pm

_____ am/pm

Ambulance

_____ am/pm

_____ am/pm

Did participant leave with ambulance? Yes No

UMPD Case # _____

Person who placed the call: _____

Classification: Student Faculty Staff Public

Address: _____ Phone: _____

REMEMBER TO DO THE FOLLOWING EVERY TIME YOU HAVE AN EMERGENCY SITUATION:

1. Activate the emergency action plan/call 911.
2. Protect the individual from further injury.
3. Maintain life or attempt to restore life.
4. Comfort and reassure the individual.

COMPLETE AN ACCIDENT REPORT FOR EVERY ACCIDENT.

WHEN ACTIVATING 911 FOR HELP REMEMBER TO GIVE THE FOLLOWING INFORMATION:

1. The **EXACT** location.
2. What has happened.
3. Number of victims.
4. The telephone number from which you are calling.

CALL FOR AN AMBULANCE WHEN THE VICTIM REQUEST ONE, THE UNIVERSITY POLICE REQUEST ONE, OR IN A SITUATION WHERE IT IS OBVIOUS THAT AN AMBULANCE IS NEEDED.

ALWAYS GET A WITNESS TO SIGN THE ACCIDENT REPORT FORM.

BODY FLUID SPILL CHECKLIST

If the accident involved a body fluid spill, do the following:

- Wear gloves while handling any bodily fluid spills!
- Use a microshield when administering CPR.
- Clean up the area using an alcohol/water solution.
- Dispose of the contaminated supplies (gauze, gloves, paper towel, etc.) using the biohazard bags in the appropriate container.
- Thoroughly wash hands after the incident.
- If you believe you were exposed to body fluids during this situation, **contact your supervisor immediately!**