

ACCIDENT/CLOSE CALL REPORT

(For internal use only.)

IMPORTANT: COMPLETE ALL SECTIONS OF THIS FORM WITH SPECIFIC FACTS ONLY.

To be filled out whenever

- A medical problem has had a significant effect on an individual's participation.
- An individual receives medical attention.
- An incident occurs that does not result in injury, but which reveals a potential safety problem (a "close call").

Staff member supervising the activity (full name) _____

Date _____ Time _____ A.M./P.M. Site/Name _____

Weather (circle): Sunny Foggy Hail Light wind Overcast
Strong wind Rain Other _____

Activity involved _____

Participant's name _____

(If more than one participant, attach additional forms with complete victim information.)

Street address _____

City _____ State _____ Zip code _____

Phone No. _____ Age _____ Sex _____ Type of clothing _____

Participant's size (circle one): Small (up to 100 lbs.) Medium (100–140 lbs.)
Large (140–180 lbs.) Extra large (180 lbs. and over)

Other physical conditions _____

Pertinent medical information (check "Informed Consent") _____

Full name(s) of primary witness(es) _____

Description of incident _____

Resultant injury (if any) _____

First-aid treatment given _____

Other medical treatment action taken (Transported to a hospital? Where? With whom? etc.) _____

List possible safety rules or procedures that were not followed today _____

List possible safety rules or procedures that the participant did not follow _____

Describe the participant's previous level of participation (behavior and attitude) _____

Signature of staff member filing report

Signature of leader

Date filed