

# ACCIDENT/INCIDENT REPORT

## Intramural and Club Sports Program University of Minnesota, Morris

Date: \_\_\_\_\_ Time: \_\_\_\_\_ am/pm

Name: \_\_\_\_\_ Gender: Male Female

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Activity: \_\_\_\_\_

**INCIDENT DAMAGE REPORT: MISCONDUCT:** \_\_\_\_\_

**VANDALISM:** \_\_\_\_\_

**PROPERTY DAMAGE:** \_\_\_\_\_

**OTHER:** \_\_\_\_\_

**DESCRIPTION OF INCIDENT/ ACCIDENT (What was happening, who saw it, use factual details, no subjective accounts)**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Action taken by employee:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

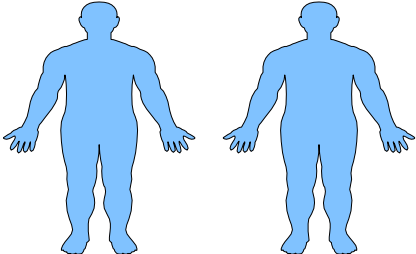
**Witness:** \_\_\_\_\_ **First Aid By:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Transported By:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Body Fluid Spill** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Circle one:** \_\_\_\_\_

Location of Accident/Incident			
<input type="checkbox"/> UMM Intramural Softball Field #1 (closest to parking lot)	<input type="checkbox"/> UMM Intramural Softball Field #2 (closest to road)	<input type="checkbox"/> UMM Intramural Softball Field #3 (across from field 1)	<input type="checkbox"/> UMM Flag Football Field #1 closest to parking lot
<input type="checkbox"/> UMM Flag Football Field #2 (between sf-ball fields 2 &3)	<input type="checkbox"/> RFC Gym	<input type="checkbox"/> RFC Fitness Center	<input type="checkbox"/> PE Center Gym
<input type="checkbox"/> Lee Community Ice Arena	<input type="checkbox"/> Crystal Lanes Entertainment	<input type="checkbox"/> RFC Sand Volleyball Court	<input type="checkbox"/> RFC Pool
<input type="checkbox"/> Other _____			

Nature of Injury	Check Part of Body Injured				Place an X on Injured Area
	L	R	L	R	
<input type="checkbox"/> Abrasion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Contusion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Dislocation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Fracture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Laceration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Sprain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Abdomen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Face	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Thorax	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Toe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Finger	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Hand	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Wrist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Forearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Elbow	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Upper Arm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Shoulder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Ribs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Pelvis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Foot	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Ankle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Shin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Knee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Hamstring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Quadriceps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Groin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Emergency Situation Check List**

- Did 911 need to be called?
- Call on-call supervisor/Program Manager
- Notify student facility staff

Was the proper report filled out in detail?

**Accident Report**

- \*On campus Death
- \*Major Campus Catastrophe
- \*Physical harassment/violence

**Incident Report**

- \*Situation with a disruptive student
- \*Verbal harassment
- Staff Initials: \_

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**Remember to do the following every time you have an emergency situation:**

1. Protect the individual from further injury.
2. Maintain life or attempt to restore life.
3. Comfort and reassure the individual.

**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.

**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 micro-shield when administering CPR.
- Clean up the area using TB Plus Spray.
- Dispose of the contaminated supplies (gauze, gloves, paper towel, etc.) using the biohazard bags in the appropriate container.
- Thoroughly wash hands after the accident.
- If you believe you were exposed to body fluids during this situation, **contact your supervisor immediately!**

**For Program Staff Use**

Program Staff Review:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Follow Up Information:

Date: \_\_\_\_\_

Staff Initial: \_\_\_\_\_

Follow-Up  
Comments:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_