

Individual Involved Information

Last Name:	First Name:	WSU ID Number (if applicable):
	Phone Number:	Date of Birth: ___/___/___
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other	<input type="checkbox"/> WSU Student <input type="checkbox"/> Non-Student <input type="checkbox"/> Participant <input type="checkbox"/> Volunteer <input type="checkbox"/> Spectator <input type="checkbox"/> Employee <input type="checkbox"/> Youth	

General Accident/Incident Information

<input type="checkbox"/> Accident <input type="checkbox"/> Incident	Date: ___/___/___ Time: AM/PM	Facility and Location (For example: SRC field/court number)
Program Area: <input type="checkbox"/> Aquatics <input type="checkbox"/> Challenge Program <input type="checkbox"/> Climbing Wall <input type="checkbox"/> Fitness and Instruction <input type="checkbox"/> Intramural Sports <input type="checkbox"/> Open Recreation <input type="checkbox"/> Outdoor Recreation Trip <input type="checkbox"/> Personal Training <input type="checkbox"/> Sport Clubs <input type="checkbox"/> UREC for You <input type="checkbox"/> Youth Programs <input type="checkbox"/> Other: _____		
Type of Activity:	Body part(s) injured (include left/right if applicable):	
Description of what occurred (use back of form if additional room is needed):		
Description of treatment (first aid or care given) or actions taken:		
Emergency services called: <input type="checkbox"/> yes <input type="checkbox"/> no If yes, who: <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Other: _____ <input type="checkbox"/> Ambulance called: <input type="checkbox"/> yes <input type="checkbox"/> no If yes: <input type="checkbox"/> Injured person requested ambulance <input type="checkbox"/> Staff call for ambulance		
If Ambulance called:		
<input type="checkbox"/> Injured person was only assessed by EMT (no transport) <input type="checkbox"/> Injured person was treated and transported <input type="checkbox"/> Injured person declined treatment		
Did person continue to participate? <input type="checkbox"/> yes <input type="checkbox"/> no		
Was disposal of biohazard waste necessary? <input type="checkbox"/> yes <input type="checkbox"/> no		
Is a follow up call to the person(s) involved recommended? <input type="checkbox"/> yes <input type="checkbox"/> no		
Name(s) and Phone Number(s) of Witnesses:		

Staff Information (Staff Responding to Accident/Incident)

Primary Responding Staff Information

Last Name:	First Name:	Staff WSU ID Number
Phone Number:	Email Address:	
Staff Signature:		

Secondary/Assisting Staff Information

Last Name:	First Name:	WSU ID Number:
Last Name:	First Name:	WSU ID Number:

Additional Information

****If extra space is needed, please attach another sheet of paper****

Manager Follow-up/Action Taken

Near Miss (*an unplanned event that did not result in injury, illness, or damage but had the potential to do so*)

Form Reviewed By:

Manager: _____ Date: ___/___/_____

Assistant Director: _____ Date: ___/___/_____

Recommend for UREC Risk Management Committee Review: ____ (yes)

UREC Risk Management Committee (as needed): _____ Date: ___/___/_____