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:
Name: ___________________________     First Aid By:__________________________
Address: ___________________________     Transported By:_______________________
Phone: ___________________________     Circle one:______________

Location of Accident/Incident

☐ UMM Intramural Softball Field #1 (closest to parking lot)
☐ UMM Intramural Softball Field #2 (closest to road)
☐ UMM Intramural Softball Field #3 (across from field 1)
☐ UMM Flag Football Field #1 closest to parking lot
☐ UMM Flag Football Field #2 (between soft-ball fields 2 &3)
☐ Lee Community Ice Arena
☐ Other_______________
☐ RFC Gym
☐ RFC Fitness Center
☐ PE Center Gym
☐ RFC Sand Volleyball Court
☐ RFC Pool

Nature of Injury
☐ Abrasion  ☐ Abdomen  ☐ Hand  ☐ Foot
☐ Contusion  ☐ Back  ☐ Wrist  ☐ Ankle
☐ Dislocation  ☐ Face  ☐ Forearm  ☐ Shin
☐ Fracture  ☐ Head  ☐ Elbow  ☐ Knee
☐ Laceration  ☐ Neck  ☐ Upper Arm  ☐ Hamstring
☐ Sprain  ☐ Thorax  ☐ Shoulder  ☐ Quadriceps
☐ Sprain  ☐ Toe  ☐ Ribs  ☐ Groin
☐ Other

Check Part of Body Injured
☐ L  ☐ R  ☐ L  ☐ R

Place an X on Injured Area

☐ Finger  ☐ Pelvis  ☐ Other
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?

<table>
<thead>
<tr>
<th>Accident Report</th>
<th>Incident Report</th>
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<tbody>
<tr>
<td>*On campus Death</td>
<td>*Situation with a disruptive student</td>
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<tr>
<td>*Major Campus Catastrophe</td>
<td>*Verbal harassment</td>
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<tr>
<td>*Physical harassment/violence</td>
<td>Staff Initials:</td>
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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:  Follow Up Information:
Name: __________________________  Date: __________________________
Date: __________________________  Staff Initial: ______________________

Follow-Up Comments: ________________________________________________
______________________________________________________________________
______________________________________________________________________