

The Redwoods Group Incident Reporting Form for YMCAs

Association _____ Branch _____ Off-site facility _____

Injured person _____ Address _____ street _____ city _____ st _____ zip _____

Parent/Guardian _____ Address _____ Phone _____ day _____ evening _____

Incident date _____ / _____ / _____	Gender	Age		Status
Time _____ : _____ ^{am} <input type="checkbox"/> ^{pm} <input type="checkbox"/>	female <input type="checkbox"/> male <input type="checkbox"/>	preschool <input type="checkbox"/> nursery <input type="checkbox"/> elementary <input type="checkbox"/> middle school <input type="checkbox"/> high school <input type="checkbox"/>	young adult <input type="checkbox"/> adult <input type="checkbox"/> senior <input type="checkbox"/>	member <input type="checkbox"/> employee <input type="checkbox"/> participant <input type="checkbox"/> guest <input type="checkbox"/> other <input type="checkbox"/>

General Information
Describe exactly what happened. _____

Medical Information *Fully describe the injured party's condition and any first aid given.*

_____ First aid administered? ^{yes} ^{no}

_____ by whom: _____

_____ Blood-borne exposures?

_____ to whom: _____

Further medical attention? ^{yes} ^{no} ^{declined} If so, where and by whom: _____

Was parent / guardian / emergency contact notified? ^{yes} ^{no} If so, when? _____

Who was called and what was the outcome? _____

With whom did the injured party leave the site? _____

Witnesses (check box to indicate staff [s], participant [p], or volunteer [v]; indicate age for youthful witnesses)

s	p	v	name	age	phone	address	city	state	zip
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	_____	_____	_____	_____

Incident management

Waiver format: _____ Waiver wording: (if other, attach copy)

member program day pass special (specify) none Redwoods other

Staff member filing report _____ position _____ date _____

Supervisor reviewing report _____ position _____ date _____

Exec. Dir. reviewing report _____ position _____ date _____

Filed with: date report filed _____ Method of filing:

admin.office agent Redwoods email fax mail

Follow-up

Was there follow-up contact? ^{yes} ^{no} If yes, date and by whom? _____ by _____

If yes, detail status _____

Please check one and only one box in each of the following sections

Specific Location of Incident			
<input type="checkbox"/> Aquatics area	<input type="checkbox"/> Class / meeting room	<input type="checkbox"/> Lobby / halls / stairs	<input type="checkbox"/> Running track
<input type="checkbox"/> Athletic / play field	<input type="checkbox"/> Climbing wall / tower	<input type="checkbox"/> Locker / rest room	<input type="checkbox"/> Skating rink
<input type="checkbox"/> Cabin / tent	<input type="checkbox"/> Ex. Rm: aerobics, etc.	<input type="checkbox"/> Parking lot / garage	<input type="checkbox"/> Spa / Sauna / Steam
<input type="checkbox"/> Campfire / meeting area	<input type="checkbox"/> Ex. Rm: cardio / strength equip.	<input type="checkbox"/> Play structure or area: interior	<input type="checkbox"/> Stables / horse arena
<input type="checkbox"/> Challenge course	<input type="checkbox"/> Ex. Rm: free weights	<input type="checkbox"/> Playground (I.e.,with equipment)	<input type="checkbox"/> Waterfront (non pool)
<input type="checkbox"/> Child watch / babysitting	<input type="checkbox"/> Gym	<input type="checkbox"/> Racquetball (etc.) court	
<input type="checkbox"/> Childcare area	<input type="checkbox"/> Gymnastics facility	<input type="checkbox"/> Range: rifle / archery	
		<input type="checkbox"/> Residence facility	<input type="checkbox"/> Other _____

Program: (indicate name)			
<input type="checkbox"/> Aquatics	<input type="checkbox"/> Childcare: Before & After	<input type="checkbox"/> Health & Fitness: Organized	<input type="checkbox"/> Special Events / field trips
<input type="checkbox"/> Camp: Day / Holiday	<input type="checkbox"/> Childcare: Child Watch	<input type="checkbox"/> Health & Fitness: Personal	<input type="checkbox"/> Sports: Adult
<input type="checkbox"/> Camp: Resident	<input type="checkbox"/> Childcare: Outdoor Education	<input type="checkbox"/> Non-sport activities	<input type="checkbox"/> Sports: Informal
<input type="checkbox"/> Camp: Sports	<input type="checkbox"/> Childcare: Preschool / Daycare	<input type="checkbox"/> Senior program / activity	<input type="checkbox"/> Sports: Youth
		<input type="checkbox"/> Social outreach (incl. resident)	<input type="checkbox"/> Other _____

General Activity			
<input type="checkbox"/> Aquatics: boating, all forms	<input type="checkbox"/> Class: Aerobics	<input type="checkbox"/> Exercise: Other personal	<input type="checkbox"/> Skateboarding
<input type="checkbox"/> Aquatics: exercise class	<input type="checkbox"/> Class: Kick-boxing	<input type="checkbox"/> Football	<input type="checkbox"/> Skating (ice or roller)
<input type="checkbox"/> Aquatics: family / free swim	<input type="checkbox"/> Class: Martial arts	<input type="checkbox"/> Free / unstructured play	<input type="checkbox"/> Skiing / snowboarding
<input type="checkbox"/> Aquatics: lap swim	<input type="checkbox"/> Dance	<input type="checkbox"/> Games / structured activity	<input type="checkbox"/> Soccer
<input type="checkbox"/> Aquatics: lessons	<input type="checkbox"/> Dressing / undressing	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Spa / Sauna / Steambath
<input type="checkbox"/> Aquatics: team (incl practice)	<input type="checkbox"/> Exercise: Cardio equip.	<input type="checkbox"/> Hiking / backpacking	<input type="checkbox"/> Theft / robbery
<input type="checkbox"/> Baseball / Softball / T-ball	<input type="checkbox"/> Exercise: Free weights	<input type="checkbox"/> Hockey (ice or roller)	<input type="checkbox"/> Transportation
<input type="checkbox"/> Basketball	<input type="checkbox"/> Exercise: Strength equip.	<input type="checkbox"/> Horseback riding	<input type="checkbox"/> Volleyball / Walleyball
<input type="checkbox"/> Bicycles / motorbikes	<input type="checkbox"/> Exercise: Run / walk	<input type="checkbox"/> Playground equipment	<input type="checkbox"/> Walking - incidental
		<input type="checkbox"/> Racquetball / handball / squash	<input type="checkbox"/> Other _____

Specific Action			
<input type="checkbox"/> Aggressive behavior of / by	<input type="checkbox"/> Exertion	<input type="checkbox"/> Horseplay	<input type="checkbox"/> Pushed / pulled / bumped
<input type="checkbox"/> Caught in, by, or between	<input type="checkbox"/> Fall (from, onto, into, or against)	<input type="checkbox"/> Inappropriate touch	<input type="checkbox"/> Struck by / against
<input type="checkbox"/> Contact with / exposure to	<input type="checkbox"/> Handle / use / touch	<input type="checkbox"/> Inhale / ingest	<input type="checkbox"/> Verbal attack / taunt / teasing
		<input type="checkbox"/> Participation / playing	<input type="checkbox"/> Other _____

Source of Injury			
<input type="checkbox"/> Aquatics facility: deck / dock	<input type="checkbox"/> Blood / body fluids	<input type="checkbox"/> Equipment: Playground	<input type="checkbox"/> Object (ball / bat / toy / etc.)
<input type="checkbox"/> Aquatics facility: equipment	<input type="checkbox"/> Door	<input type="checkbox"/> Floor / Ground	<input type="checkbox"/> Person (another)
<input type="checkbox"/> Aquatics facility: sides / bottom	<input type="checkbox"/> Environment..sun, heat, etc.	<input type="checkbox"/> Furniture	<input type="checkbox"/> Self
<input type="checkbox"/> Aquatics facility: water, body of	<input type="checkbox"/> Equipment: Exercise	<input type="checkbox"/> Insect / animal	<input type="checkbox"/> Wall / vertical surface
		<input type="checkbox"/> Locker / cabinet	<input type="checkbox"/> Other - _____

Apparent Injury			
<input type="checkbox"/> Abrasion / scratch	<input type="checkbox"/> Bruise / contusion	<input type="checkbox"/> Dizziness / unconscious	<input type="checkbox"/> Pinch / crush
<input type="checkbox"/> Aquatic distress	<input type="checkbox"/> Burn / blister	<input type="checkbox"/> Fear / intimidation	<input type="checkbox"/> Seizure / dysfunction
<input type="checkbox"/> Bite / sting	<input type="checkbox"/> Cramp	<input type="checkbox"/> Fracture / break	<input type="checkbox"/> Sprain / strain
<input type="checkbox"/> Bloody / hemorage	<input type="checkbox"/> Cut / puncture	<input type="checkbox"/> Irritation / reaction	<input type="checkbox"/> Vomiting
<input type="checkbox"/> Breathing shortened / impaired	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Jam	<input type="checkbox"/> No visible / apparent injury
		<input type="checkbox"/> Pain / soreness	<input type="checkbox"/> Other - _____

Body part				<i>please check if applicable ==></i> <input type="radio"/> right <input type="radio"/> left <input type="radio"/> upper <input type="radio"/> lower			
<input type="checkbox"/> Arm	<input type="checkbox"/> Leg	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Back	<input type="checkbox"/> Face	<input type="checkbox"/> Head	<input type="checkbox"/> Mouth / lips / teeth	
<input type="checkbox"/> Hand / finger	<input type="checkbox"/> Foot / toe	<input type="checkbox"/> Chest	<input type="checkbox"/> Buttocks	<input type="checkbox"/> Ear	<input type="checkbox"/> Neck	<input type="checkbox"/> Mind / psyche	
<input type="checkbox"/> Wrist	<input type="checkbox"/> Ankle	<input type="checkbox"/> Stomach	<input type="checkbox"/> Hip	<input type="checkbox"/> Eye	<input type="checkbox"/> Heart	<input type="checkbox"/> None / not applicable	
<input type="checkbox"/> Elbow	<input type="checkbox"/> Knee	<input type="checkbox"/> Side	<input type="checkbox"/> Groin	<input type="checkbox"/> Nose	<input type="checkbox"/> Lungs	<input type="checkbox"/> Other _____	

Comments: _____

administrative use only:

- 1: potential claim incidents should be faxed immediately to:
- 2: all incident reports should be batched at least weekly and mailed to:

1.800.478.6068
The Redwoods Group
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