

Community College of Rhode Island Athletics – Incident Report Form PAGE 1

Date of Report:	Date of Incident:	Time of Incident:	AM	PM
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Facility Information

Facility: _____ Phone Number () _____
Address: _____ City _____ State _____ Zip _____

Personal Data - Injured Party

Name: _____ Age: _____ Gender: _____ Male _____ Female
Address: _____ City _____ State _____ Zip _____
Phone Numbers : Home () _____ Work () _____ Cell () _____
Family Contact: (Name and Phone) _____ () _____

Incident Data

Location of incident:

Description of incident:

Did an injury occur? _____ Yes _____ No
If yes, describe the type of injury :

Was there bloodborne pathogen exposure? _____ Yes _____ No
If yes, describe the type of exposure :

Witnesses:

1. Name: _____ Age: _____ Gender: _____ Male _____ Female
Address: _____ City _____ State _____ Zip _____
Phone Numbers : Home () _____ Work () _____ Cell () _____

2. Name: _____ Age: _____ Gender: _____ Male _____ Female
Address: _____ City _____ State _____ Zip _____
Phone Numbers : Home () _____ Work () _____ Cell () _____

Please turn page over to complete incident report.

Care Provided

Did victim refuse medical attention by staff? Yes No

Did facility staff provide care? Yes No

Name of person(s) that provided care: _____

Describe care in detail:

Was EMS called? Yes No If yes, by whom? _____

Time EMS called: _____ AM PM

Was the victim transported to an emergency facility? Yes No If yes, where _____

If no, did person return to activity? Yes No

If the victim is a minor – Were the minor’s parents’ contacted? (if not present) Yes No

Victim’s Signature (parent/guardian signature for a minor) : _____

Facility Data

Number of staff/lifeguards on duty at time of incident: _____ Number of patrons in facility at time of incident: _____

Weather condition at time of incident : _____

Water condition at time of incident: _____

Deck condition at time of incident: _____

Gym floor/lobby etc condition at time of incident: _____

Name of staff/lifeguards involved in incident: _____

Report prepared by:

Name: _____

Position: _____

Signature: _____

Date: _____

Please be sure other side of this form is completed