

Matter of Record

Incident Information

Date: _____
 Time: _____ AM/PM
 (circle one)
 Place: _____ Equip. #: _____

Personal Information (local) of Injured Person	Gender: M F SS#: / /
	Name: Age: DOB: / /
	Address: Parent/Guardian Name:
	City/State/Zip Parent/Guardian Phone:
Phone: Status (circle): Student Faculty/Staff Member Guest Other:	

Details of Incident

Describe Injury/illness:

Body Part Injured:

Ankle/Foot Arm Hand/Finger Head Circle: Left Right
 Knee Elbow Nose/Face Neck
 Leg Shoulder Eye Back Other: _____

Describe How Injury Occurred:

Activity/Program: Open Rec Instruction Rental Intramurals Club Sports

Describe Immediate Action Taken:

EMS Called: Kent Fire KSU Police—Report # _____ KSU Ambulance EMS Not Needed
 Aquatics Only: Assisted Rescue Passive Rescue

Disposition of Injured:

Injured refused help Returned to activity Went home on own Friend took home
 Left area, no information Self/friend to Health Center Self/friend to hospital (name): _____
EMS Transported to:
 KSU Health Center Hospital (name): _____ Transportation Refused

Refusal:

I have been advised by the Recreational Services staff/EMS representative that my condition (or the condition of the person I am legally responsible for) is such that I/he/she should be transported to the nearest appropriate medical facility and be evaluated by a physician. Transportation has been offered and I decline transport. I fully comprehend the potential consequences of this refusal. I further attest that I am competent and authorized to make this refusal. I understand that should my medical condition worsen in any way I should call 911 (EMS) for help and/or seek medical attention at the nearest hospital emergency room or Urgent Care facility.

Signature: _____ Witness Signature: _____ Date: _____

Signature of First Aid Responder: _____ Position: _____

Signature of Aquatics/Facility Supervisor: _____

White copy to Area Supervisor: _____ Yellow copy to Safety Manager within 24 hours.
 Blue copy to Kent City Fire Department.
 Pink copy to Kent State University Police Department.

Incident Follow-up

Did injury result in a blood-borne pathogen exposure? (circle) Yes No

- If yes, fill out appropriate form and contact Recreational Services Risk Manager immediately.

BBP Exposure Follow-up:

Campus Environmental Safety Director notified on (date) _____

Post-exposure evaluation (date) _____ at (facility) _____

Received Post-exposure evaluation report on (date) _____

Additional Facility Information at Time of Incident:

Number of patrons in area _____

Number of SRWC staff on duty in area _____

Were there extra staff handling the event? (circle) Yes No If yes, how many? _____

Describe the condition of the area:

Incident Witnesses:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Report Reviewed (name): _____ Date: _____

Follow-up Call Log

Attempt 1: Date: _____ Time: _____ Caller (name): _____

Status of Call:

____ Left message (machine) ____ No answer ____ Left message with (name) _____

Attempt 2: Date: _____ Time: _____ Caller (name): _____

Status of Call:

____ Left message (machine) ____ No answer ____ Left message with (name) _____

Attempt 3: Date: _____ Time: _____ Caller (name): _____

Status of Call:

____ Left message (machine) ____ No answer ____ Left message with (name) _____

Status of Injured Person:

Date of contact: _____ Person reporting (name): _____

____ Injured person fine, no complications.

____ Injury required further medical attention. Describe:

____ Unknown. Unable to contact injured person after three attempts.

Reviewed by Risk Manager (date): _____

Copy forwarded to (department/name) _____ Date: _____

Reason: