



Incident Reporting Form for YMCAs and YWCAs

Location _____ Injured Person _____
 Address _____ Phone _____
 Parent / Guardian _____ Address _____ Phone _____

Incident Date ____/____/____ Time ____:____ am pm	Gender Male Female	Age _____ Nursery <input type="checkbox"/> Preschool <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"/>	Status Day Pass <input type="checkbox"/> Participant <input type="checkbox"/>	Member <input type="checkbox"/> Guest <input type="checkbox"/> Other <input type="checkbox"/>
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Incident Description

Location <input type="checkbox"/> aquatic area <input type="checkbox"/> athletic / play field <input type="checkbox"/> cabin / tent <input type="checkbox"/> campfire / meeting area <input type="checkbox"/> challenge course <input type="checkbox"/> child watch / babysitting	<input type="checkbox"/> childcare area <input type="checkbox"/> class / meeting room <input type="checkbox"/> climbing wall / tower <input type="checkbox"/> ex. rm: aerobics, etc. <input type="checkbox"/> ex. rm: cardio / strength equip <input type="checkbox"/> ex. rm: free weights <input type="checkbox"/> gym <input type="checkbox"/> gymnastics facility	<input type="checkbox"/> lobby / halls / stairs <input type="checkbox"/> locker / rest room <input type="checkbox"/> parking lot / garage <input type="checkbox"/> play structure or area: interior <input type="checkbox"/> playground <input type="checkbox"/> racquetball court <input type="checkbox"/> range: rifle / archery <input type="checkbox"/> residence facility	<input type="checkbox"/> running track <input type="checkbox"/> skating rink <input type="checkbox"/> skateboard park <input type="checkbox"/> spa / sauna / steam room <input type="checkbox"/> stables / horse arena <input type="checkbox"/> waterfront (non-pool) <input type="checkbox"/> other _____
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Program <input type="checkbox"/> aquatic <input type="checkbox"/> camp: day / holiday <input type="checkbox"/> camp: resident <input type="checkbox"/> camp: sports	<input type="checkbox"/> childcare: before & after <input type="checkbox"/> childcare: child watch <input type="checkbox"/> childcare: outdoor education <input type="checkbox"/> childcare: preschool/daycare <input type="checkbox"/> health & fitness: organized	<input type="checkbox"/> health & fitness: personal <input type="checkbox"/> non-sport activities <input type="checkbox"/> senior program / activity <input type="checkbox"/> social outreach <input type="checkbox"/> special events / field trips	<input type="checkbox"/> sports: adult <input type="checkbox"/> sports: informal <input type="checkbox"/> sports: youth <input type="checkbox"/> other _____
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Activity <input type="checkbox"/> aquatic: boating, all forms <input type="checkbox"/> aquatic: exercise class <input type="checkbox"/> aquatic: family / free swim <input type="checkbox"/> aquatic: lap swim <input type="checkbox"/> aquatic: lessons <input type="checkbox"/> aquatic: team <input type="checkbox"/> baseball / softball / t-ball <input type="checkbox"/> basketball <input type="checkbox"/> bicycles / motorbikes	<input type="checkbox"/> class: aerobics <input type="checkbox"/> class: kick-boxing <input type="checkbox"/> class: martial arts <input type="checkbox"/> dance <input type="checkbox"/> dressing / undressing <input type="checkbox"/> exercise: cardio equipment <input type="checkbox"/> exercise: free weights <input type="checkbox"/> exercise: strength equipment <input type="checkbox"/> exercise: run / walk <input type="checkbox"/> exercise: other personal	<input type="checkbox"/> football <input type="checkbox"/> free / unstructured play <input type="checkbox"/> games / structured activity <input type="checkbox"/> gymnastics <input type="checkbox"/> hiking / backpacking <input type="checkbox"/> hockey (ice or roller) <input type="checkbox"/> horseback riding <input type="checkbox"/> playground equipment <input type="checkbox"/> racquetball / squash <input type="checkbox"/> skateboarding	<input type="checkbox"/> skating <input type="checkbox"/> skiing / snowboarding <input type="checkbox"/> soccer <input type="checkbox"/> spa / sauna / steambath <input type="checkbox"/> theft / robbery <input type="checkbox"/> transportation <input type="checkbox"/> volleyball / walleypall <input type="checkbox"/> walking - incidental <input type="checkbox"/> other _____
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Specific Action <input type="checkbox"/> aggressive behavior of / by <input type="checkbox"/> caught in, by, or between <input type="checkbox"/> contact with / exposure to	<input type="checkbox"/> exertion <input type="checkbox"/> fall (from, onto, into) <input type="checkbox"/> handle / use/ touch <input type="checkbox"/> horseplay	<input type="checkbox"/> inappropriate touch <input type="checkbox"/> inhale / ingest <input type="checkbox"/> participation / playing <input type="checkbox"/> pushed / pulled / bumped	<input type="checkbox"/> struck by / against <input type="checkbox"/> verbal attack / taunt / teasing <input type="checkbox"/> theft <input type="checkbox"/> other _____
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Medical Treatment / First Aid First aid administered? Yes / No

By whom: _____

Was parent / guardian / emergency contact notified? Yes / No If so, when? (date & time) _____

Who was called and what was the outcome? _____

With whom did the injured party leave the site _____

Source of Injury

<input type="checkbox"/> aquatics facility: deck / dock	<input type="checkbox"/> blood / body fluids	<input type="checkbox"/> floor / ground	<input type="checkbox"/> person (another)
<input type="checkbox"/> aquatics facility: equipment	<input type="checkbox"/> door	<input type="checkbox"/> furniture	<input type="checkbox"/> self
<input type="checkbox"/> aquatics facility: side / bottom	<input type="checkbox"/> environment (sun, heat, etc)	<input type="checkbox"/> insect / animal	<input type="checkbox"/> wall / vertical surface
<input type="checkbox"/> aquatics facility: water	<input type="checkbox"/> equipment: exercise	<input type="checkbox"/> locker / cabinet	<input type="checkbox"/> other _____
	<input type="checkbox"/> equipment: playground	<input type="checkbox"/> object (ball, bat, toy, etc.)	

Apparent Injury

<input type="checkbox"/> abrasion / scratch	<input type="checkbox"/> bruise / contusion	<input type="checkbox"/> fear / intimidation	<input type="checkbox"/> seizure / dysfunction
<input type="checkbox"/> aquatic distress	<input type="checkbox"/> burn / blister	<input type="checkbox"/> fracture / break	<input type="checkbox"/> sprain / strain
<input type="checkbox"/> bite / sting	<input type="checkbox"/> cramp	<input type="checkbox"/> irritation / reaction	<input type="checkbox"/> vomiting
<input type="checkbox"/> bloody / hemorrhage	<input type="checkbox"/> cut / puncture	<input type="checkbox"/> jam	<input type="checkbox"/> no visible / apparent injury
<input type="checkbox"/> breathe shortened / impaired	<input type="checkbox"/> dislocation	<input type="checkbox"/> pain / soreness	<input type="checkbox"/> other _____
	<input type="checkbox"/> dizziness / unconscious	<input type="checkbox"/> pinch / crush	

Body Part

		<i>Circle if applicable</i>	(right)	(left)	(upper)	(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
<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
<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"/> _____

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"/>	_____	_____	_____	_____	_____	_____	_____

Comments

Staff Name _____ Position _____ Date _____

Staff Signature _____ Exec Signature _____ Date _____