

# Accident / Incident Report Form

ATHELETE  
NAME: \_\_\_\_\_

TITLE / ROLE: \_\_\_\_\_

DATE OF REPORT: \_\_\_\_\_

COACHES  
NAME: \_\_\_\_\_

LENGTH OF TIME  
IN CURRENT ROLE: \_\_\_\_\_

DATE OF INCIDENT: \_\_\_\_\_

LOCATION OF  
INCIDENT: \_\_\_\_\_

TIME OF  
INCIDENT: \_\_\_\_\_

RESULT OF ACCIDENT / INCIDENT				
HEAD			LEFT	RIGHT
FACE		SHOULDER		
NECK		ARM PIT		
UPPER BACK		UPPER ARM		
LOWER BACK		LOWER ARM		
CHEST		ELBOW		
ABDOMEN		WRIST		
PELVIS / GROIN		HAND		
LIPS		BUTTOCKS		
TEETH		HIP		
TONGUE		THIGH		
NOSE		LOWER LEG		
FINGERS		KNEE		
TOES		ANKLE		
OTHER:		EYES		
OTHER:		EARS		

INCIDENT INFORMATION	
INCIDENT DESCRIPTION	
TASKS LEADING TO INCIDENT	
ADDITIONAL INFORMATION	
OSHA REPORTING	Not Applicable
WITNESS NAME AND CONTACT	

## VERIFICATION

DIRECTOR  
NAME: Andy W. Cochran

REPORTED TO: Bruce Harrell City Administrator

DATE OF REPORT: \_\_\_\_\_

DIRECTOR  
SIGNATURE: \_\_\_\_\_

BUREAU: City of Waynesville

WORK UNIT: WSR Youth Sports

ADDITIONAL  
INFORMATION: \_\_\_\_\_

# Standard Operating Procedures (SOP) Accident/Incident Reporting

## 1. PURPOSE

The purpose of this procedure/guideline is to outline the requirements, methods and outcomes of reporting all occupational diseases, illnesses and incidents.

## 2. SCOPE

The following types of event, injury and/or illnesses will be reported, regardless of the nature or severity of the event:

- Fatality
- Critical injury/illness
- Lost-time injury/illness
- Illness or injury for which a WSR member receives/seeks medical attention
- First aid treatment
- Occupational disease
- Property damage
- Fire
- Environmental release
- Explosions
- Physical and/or verbal altercation
- Exposures to biological, chemical or physical agents

### Definitions

- WSR Member – player, coach, volunteer, coordinator, parent, or person otherwise involved with the WSR Youth Sports Program
- Injury - An event that results in physical harm to a member of WSR
- Illness – A deviation from the normal, healthy state of the body

### 3. ROLES & RESPONSIBILITIES

The coach/coordinator present, upon being notified of the injury or illness, must:

- Promptly ensure that first aid is administered by a qualified first aid provider.
- Ensure the WSR Member is given subsequent medical treatment if necessary, provide emergency transportation to treatment if necessary; and record any such treatment.
- If the following occurs, notify the local emergency officials
  - Fatalities
  - Amputations
  - Deep lacerations/cuts requiring medical attention beyond first aid treatment
  - Loss of vision in one or both eyes
  - Fractures (other than to fingers or toes)
  - Burns requiring medical attention beyond first aid treatment
  - A loss of consciousness
  - WSR Member admission to a hospital
  - Any accidental explosion or exposure to a biological, chemical, or physical agent, whether a person is injured
  - Any catastrophic event or equipment failure that results, or could have resulted, in an injury.

Administrative Reporting Procedures:

- Within one hour of incident, ensure the parent of player, coach of the player, coordinator on site, emergency medical personnel (if applicable), and WSR Youth Sports Program Director are notified of an emergency incident immediately, even prior to the completion of the Accident/Incident Report Form.
  - Coach reports to the coordinator on site.
  - Coordinator on site reports to Program Director.
  - Program Director reports to City Administrator.
- Complete an Accident/Incident Reporting Form and distribute to the parent of player, coach of the player, coordinator on site, emergency medical personnel (if applicable), and WSR Youth Sports Program Director. If an investigation is required, it will be completed by a selected agent of WSR Youth Sports.

All parties involved in incident and/or treatment (i.e. coaches, parents, coordinator, emergency and/or medical personnel, etc) must provide completed Accident/Incident Reporting Form to Program Director.

***IN CASE OF EMERGENCY CALL 911 IMMEDIATELY, REGARDLESS OF LOCATION***

Fort Leonard Wood Police Department: (573) 596-6141

Saint Robert Police Department: (573) 451-2000

Waynesville Police Department: (573) 774-2414

Fort Leonard Wood Fire Department: (573) 596-0131

Saint Robert Fire Department: (573) 451-2000

Waynesville Fire Department: (573) 774-6171

Fort Leonard Wood Garrison Command: (573) 596-0131

City of Saint Robert: (573) 451-2000

City of Waynesville: (573) 774-4170

**5. ATTACHMENTS**

See Accident/Incident Report Form