

University of Colorado Colorado Springs
Campus Recreation
Injury/Accident Report

Date Received (Safety Staff)

To be used for all injuries which occur within Campus Recreation Facilities or during a Campus Recreation Program. This report is required for all incidents involving bodily injury and is to be filled out by Campus Recreation staff. **Please Print Clearly with Pen**

Date of Injury ____/____/____

Time of Injury ____:____ am / pm

Rec Employee Injured While Working
<https://www.cu.edu/risk/forms/employees-injury-report-form> (must be completed within 4 working days of the accident)

Name of Injured Person _____ Team Name (if applicable) _____
 Gender: _____ Age: _____ Name or Parent/Guardian if under 18 _____
 Address: _____ City, State Zip _____
 Campus or Home Phone Number ____ (____) _____
 ID Classification: Student Fac/Staff Affiliate/Associate Guest/Community Other _____

DETAILS OF INJURY

TYPE	BODY PART AFFECTED		LOCATION	DESCRIPTION
<input type="checkbox"/> Bleeding	<input type="checkbox"/> Head	<input type="checkbox"/> Back	<input type="checkbox"/> Left	_____
<input type="checkbox"/> Bruise	<input type="checkbox"/> Face	<input type="checkbox"/> Ribs	<input type="checkbox"/> Right	_____
<input type="checkbox"/> Cut or Abrasion	<input type="checkbox"/> Neck	<input type="checkbox"/> Chest	<input type="checkbox"/> Front	_____
<input type="checkbox"/> Fainted (needs 911 call)	<input type="checkbox"/> Arm	<input type="checkbox"/> Leg	<input type="checkbox"/> Back	_____
<input type="checkbox"/> Possible Fracture	<input type="checkbox"/> Wrist	<input type="checkbox"/> Knee	<input type="checkbox"/> Upper	_____
<input type="checkbox"/> Possible Joint Injury	<input type="checkbox"/> Hand	<input type="checkbox"/> Ankle	<input type="checkbox"/> Lower	_____
<input type="checkbox"/> Possible Muscle Injury	<input type="checkbox"/> Finger	<input type="checkbox"/> Foot	<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> Possible Shock	<input type="checkbox"/> Abdomen	<input type="checkbox"/> Toe		_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Other _____		_____

DETAILS OF ACCIDENT

ACCIDENT LOCATION: (Check facility and write specific name of area)
Facility: GRWC(Gallogly Recreation & Wellness Center) Alpine Field Mountain Lion Stadium
 Other _____
Exact Location of Accident: (Detailed location/room) _____
PROGRAM & ACTIVITY DURING WHICH ACCIDENT OCCURRED:
 (Check appropriate program and write specific name of activity i.e. what was the victim doing?)
Program: Drop in Rec Rec Program/Class Sport Club Intramurals
 Rental (Non-Rec Sponsored) Special Event (Rec Sponsored) Other _____
Activity: (Write in- i.e. basketball/practice/Zumba class/swimming/treadmill/lacrosse/etc.) _____
DESCRIPTION OF THE ACCIDENT: (Include only the facts. Describe events resulting in injury; what and how it happened; your observations. Use backside or second sheet of paper if necessary.): _____

Rec Equipment Involved/Damaged? No Yes Description/Name _____ ID number _____

ACTION TAKEN

Name of Responder(s): _____
 Was First Aid Rendered: Yes No Victim Self Treated: Yes No
FIRST AID TREATMENT PROVIDED (check all that apply):
 Adhesive Bandage Control Bleeding Ice Injury Immobilization Treated for Shock
 Other _____

EMERGENCY SERVICES ASSISTANCE

911 Called: Yes No **Public Safety Called:** Yes No
911 Requested by Participant: Yes No **Public Safety Requested by Participant** Yes No
If 911 was called include the following information:
TRANSPORTED (BY EMS or another person) Yes No
If No, then who: _____ Relationship To Victim: _____ Student ID# _____
METHOD of TRANSPORT: Ambulance Public Safety Personal Vehicle Other _____
TRANSPORTED TO: Unknown Hospital Urgent Care Wellness Center
 Home Other _____

BASIC PRECAUTIONS REPORT

Was there blood or Other Potential Infectious Material (OPIM) present:
 No Blood or (OPIM) was present
 Blood or OPIM was present but victim self treated
 Blood or OPIM was present and DRS employee provided direct assistance.
What was the volume of OPIM:
 Minor to Moderate Volume (disinfect, place blood spill clean up materials (ie paper towels, gloves, etc.) in white/clear bag, and place in dumpster)
 Large Volume (place saturated blood spill clean up materials in Red Biohazard bag and place in Red Biohazard Bin located in the laundry room, Wellness Center, Alpine or Lifeguard Office)
Note: Any Rec towels that are unsaturated, place in regular laundry to be washed

ADDITIONAL NOTES (as needed)

PARTICIPANT SIGNATURE

Signature: _____ Print Name: _____
PARTICIPANT UNABLE TO SIGN: (Reason) _____
BM Signature: _____ Print Name _____

WITNESSES

Note to Campus Recreation Employee: Needed for only serious or critical injuries. Witnesses who saw the injury occur should be included and written statements should be taken (separate sheet of paper).
Name of Witness _____ Address _____ Phone () ____ - ____
Name of Witness _____ Address _____ Phone () ____ - ____

REFUSAL OF ASSISTANCE

I have been advised by Recreational Sports Staff that I should be treated and/or evaluated. I am refusing this assistance.
Participant Signature: _____ Participant Printed Name: _____

I (Rec Employee) advised the participant that he/she should be treated and/or evaluated. My signature indicates participant refused assistance and also would not sign above.
Rec Staff Signature: _____ Rec Staff Printed Name: _____

EMPLOYEE SIGNATURES Form must be completed and turned into Area Coordinator within 24 hours of injury.

Form Completed By (signature) _____ Print Name: _____ Date ____/____/____
Supervisor on Duty (if none leave blank) _____ Print Name: _____ Date ____/____/____
Area Coordinator (reviewed) _____ Print Name: _____ Date ____/____/____

RISK MANAGEMENT COMMITTEE MEMBER USE ONLY

Date Entered into Database: _____ Initial: _____