

University of Colorado Colorado Springs
Minors on Campus
Injury/Accident Report

Date Received (Safety Staff)

To be used for all injuries which occur related to a Camp / Activity related to Protection of children / Minors on Campus. This report is required for all incidents involving bodily injury and is to be filled out by Camp Operators or Designee.

Date of Injury ____/____/____

Time of Injury ____:____ am / pm

☐ UCCS Employee Injured While Working
<https://www.cu.edu/risk/forms/employees-injury-report-form> (must be completed within 10 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: <input type="checkbox"/> Student <input type="checkbox"/> Fac/Staff <input type="checkbox"/> Affiliate/Associate <input type="checkbox"/> Guest/Community <input type="checkbox"/> 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: <input type="checkbox"/> GRWC (Gallogly Recreation & Wellness Center) <input type="checkbox"/> Alpine Field <input type="checkbox"/> Mountain Lion Stadium <input type="checkbox"/> 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 injured party doing?)
Program Name: _____
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.): _____ _____ _____ _____
Equipment Involved/Damaged? <input type="checkbox"/> No <input type="checkbox"/> Yes Description/Name _____ ID number _____

ACTION TAKEN

Name of Responder(s): _____	
Was First Aid Rendered: <input type="checkbox"/> Yes <input type="checkbox"/> No	Self Treated: <input type="checkbox"/> Yes <input type="checkbox"/> No
FIRST AID TREATMENT PROVIDED (check all that apply):	
<input type="checkbox"/> Adhesive Bandage <input type="checkbox"/> Control Bleeding <input type="checkbox"/> Ice <input type="checkbox"/> Injury Immobilization <input type="checkbox"/> Treated for Shock	
<input type="checkbox"/> 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 towels /lab jackets 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 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 Camp Staff that I should be treated and/or evaluated. I am refusing this assistance.

Participant Signature: _____ Participant Printed Name: _____

I (Camp 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.

Camp Staff Signature: _____ Camp Staff Printed Name: _____

EMPLOYEE SIGNATURES

 Form must be completed and turned into camp operator within 24 hours of injury.

Form Completed By (signature) _____ Print Name: _____ Date ____/____/____

Camp Operator (if none leave blank) _____ Print Name: _____ Date ____/____/____

RISK MANAGEMENT COMMITTEE MEMBER USE ONLY

Date Entered into Database: _____ Initial: _____