

Employee, Volunteer & Youth Accident/Incident Report Form

This incident report form is intended to record accident/ incidents of employees, volunteers and campers.

This incident report is required for serious illnesses; significant behavioral problems; or incidents involving injuries such as fractured bones, chipped or broken teeth, extensive lacerations involving sutures, falls involving unconsciousness, dislocations, incidents involving water which require resuscitation, or any injury requiring a hospital stay. This incident report is *NOT* required for incidents such as scrapes, bruises, sprains, etc.

Volunteers and campers are not employees of the University of Kentucky and volunteering for Cooperative Extension Service is not a contract for employment.

Attention: Employees injured during the course and scope of employment should report accidents/injuries to UK Workers Care, 1-800-440-6285 in addition to completing this form. These notes will be provide a useful history of events.

County Extension Service office _____ Date of report _____

Extension employee _____

Address of office _____ Zip _____ Phone _____

Name of injured or involved person(s) _____ Age _____ Sex _____

Address _____ Zip _____ Phone _____

Name of injured or involved person(s) _____ Age _____ Sex _____

Address _____ Zip _____ Phone _____

Name of Parent or Guardian (if minor) _____ Sex _____

Address _____ Zip _____ Phone _____

Name/Addresses of witnesses (Each witness should attach a signed statement of what happened.)

1. _____

2. _____

3. _____

Type of incident: Behavioral Accident Illness Other

Date of incident: Time _____ (a.m. or p.m.) Date _____ Month _____ Year

Describe the incident in detail (use additional pages; if necessary)

Location of incident and diagram showing objects and persons

What activity was the injured participating in at the time of the incident?

Describe any equipment involved in the incident

Describe emergency procedures followed as a result of this incident

Medical Report of Incident

Were the parent(s) or guardian notified? Yes No How?

By whom? _____ Title _____ When _____

Response of individual notified:

Where was treatment given? ON site Doctor's office/clinic Hospital Rescue squad

Describe treatment given:

Treatment given by whom? _____ Date of treatment: _____

Was injured retained overnight in hospital? Yes No If yes, where?

Name of attending physician _____

Physician's recommendation at the time of report

Comments

Other persons notified: (county agent, district director, camping specialist, Ass't. Director of 4-H)

Name	Position	Date
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Person completing report:

Signature _____

Position _____

Phone _____ Fax _____