TEXAS STATE
Campus Recreation

TEXAS STATE
Campus Recreation

ACCIDENT/INCIDENT REPORT FORM

PLEASE PRINT & USE BACK OR ADDITIONAL PAPER IF NEEDED

INDIVIDUAL COMPLETING REPORT:
Name:______________________________ **Phone #**:______________________
Address:______________________________ **Email**:______________________
Position:______________________________

INDIVIDUAL INVOLVED:
Name:______________________ **Univ. ID or SSN**:______________________
Gender (check one): ____Female ____Male
Permanent Address:______________________________
Phone #: (______)__________________ DOB (MM/DD/YYYY): ______________
Status: (check one) Student____ Staff____ Faculty____ Guest____ Other______________
Time: (A.M./P.M.)__________________ **Date:** (MM/DD/YYYY)__________________

WITNESSES:
Name:______________________________ **Phone #**:______________________
Address:______________________________ **Email**:______________________
Name:______________________________ **Phone #**:______________________
Address:______________________________ **Email**:______________________

LOCATION OF ACCIDENT/INCIDENT: (Specify building, court number, field name/number, river, etc.)
____

DESCRIPTION OF ACCIDENT/INCIDENT: (Please be thorough. Place quotation marks around statements made by witnesses or by persons giving accounts of what happened. Describe fully the events, actions, conditions which may have contributed)__________________
____
____
____
____
____
____
____

PART OF BODY INJURED: (Mark R for right and L for left)

_____Generalized	_____ Skull/Scalp	_____ Eye	_____ Ear	_____ Nose	_____ Mouth
_____Tongue	_____ Tooth	_____ Jaw	_____ Neck	_____ Spine	_____ Shoulder
_____Chest	_____ Abdomen	_____ Lungs	_____ Back	_____ Upper Arm	_____ Elbow
_____Forearm	_____ Wrist	_____ Hand	_____ Finger	_____ Pelvis	_____ Hip
_____Thigh	_____ Knee	_____ Lower leg	_____ Ankle	_____ Foot	

_____Other____

RESPONDER:
Name:______________________________ **Phone #**:______________________
Address:______________________________ **Email**:______________________

ACTIONS TAKEN TO RESOLVE ACCIDENT/INCIDENT:______________________
____
____
____
____
____
____

PLEASE TURN FORM INTO SUPERVISOR ASAP!

University Police called? (On-Campus Phone 911)	YES	NO	Time called:____________ Arrival time:_____________
Ambulance requested?	YES	NO	Time called:____________ Arrival time:_____________
Advised to seek medical attention?	YES	NO	
Sent to Health Services?	YES	NO	
Sent to Hospital?	YES	NO	
Advised to seek medical attention?	YES	NO	

REFUSAL OF EMS TREATMENT

I ________________________ hereby refuse medical care and transportation to a health care facility, against
(Print Name of Person Injured)

the advice of the Texas State University – San Marcos Department of Campus Recreation staff, and accept full responsibility for such action including the possibility of deterioration of my health or even death. I acknowledge that a Campus Recreation staff member has offered to summon an ambulance for my care, which I have declined. I further hold harmless and release Texas State University – San Marcos, Department of Campus Recreation, and its personnel for any adverse consequences of my action. Further, this release is binding on all my heirs, assignees, and executors.

______________________________ ______________________________
Signature of Injured Person Witness

(Parent, guardian; or next of kin may sign on behalf of minor.)

PATIENT REFUSES CARE AND ALSO REFUSES TO SIGN RELEASE

______________________________ ______________________________
Signature of Supervisor Witness
(Police or Non-Campus Recreation Staff)

This portion of Accident/Incident Report must be filled out completely if the injured person refuses EMS treatment.

______________________________ ______________________________
Supervisor's Signature Date (MM/DD/YYYY)

Supervisor's Name (PRINT NEATLY): ______________________________

BLOODBORNE PATHOGENS REPORT

Blood was present:…………………………………………….__Yes __No

If Yes:

Blood was present and participant self-treated:…………………………..……………__Yes __No

Blood was present and employee provided direct assistance:…………….……………__Yes __No

B*lood was handled by facilities personnel:*……………………….……………………__Yes __No

Blood Cleanup was required:………………..…………………__Yes __No

If Yes:

M*inor volume – disinfected and placed waste in trash:*……..………………….………..__Yes __No

Large volume (saturated) – placed in Red Biohazard bag. Placed clean up waste in Red Biohazard bag:………………………………………………….………..__Yes __No

Did caregiver come in direct contact with blood?:...…………..__Yes __No

*If YES, name of caregiver or person who did clean up:*______________________________

FOR OFFICE USE ONLY:

Follow up:______________________________
____
____
____

PLEASE TURN FORM INTO SUPERVISOR ASAP!