

# University of Essex Students' Union

## Sports Federation Accident/Incident Report

*Complete fully after incident and return with rest of Captain's Pack*



Event or Activity: \_\_\_\_\_

Date of Accident/Incident: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Time: \_\_\_\_\_

Exact Location: \_\_\_\_\_

### Description of Accident/Incident

Describe what happened, including what the injured person was doing at the time:

Any factors affecting the accident (weather, local conditions, equipment, etc.)?

Full name and contact no. of witness(es):

### Details of Person Injured

Full Name: _____ Student PRID: _____ M / F Contact No: _____ Course Title: _____ Address: _____ _____ Post Code: _____ D.O.B. ____ / ____ / ____ Injured Person's Signature: _____ _____	Please circle Appropriate Description: <table border="0" style="width: 100%;"> <tr> <td>Fracture</td> <td>Head</td> </tr> <tr> <td>Break</td> <td>Back</td> </tr> <tr> <td>Cut</td> <td>Arm</td> </tr> <tr> <td>Laceration</td> <td>Hand</td> </tr> <tr> <td>Bruise</td> <td>Leg</td> </tr> <tr> <td>Sprain</td> <td>Foot</td> </tr> <tr> <td>Burn</td> <td>Torso</td> </tr> <tr> <td colspan="2">Other (Please specify) _____</td> </tr> </table>	Fracture	Head	Break	Back	Cut	Arm	Laceration	Hand	Bruise	Leg	Sprain	Foot	Burn	Torso	Other (Please specify) _____	
Fracture	Head																
Break	Back																
Cut	Arm																
Laceration	Hand																
Bruise	Leg																
Sprain	Foot																
Burn	Torso																
Other (Please specify) _____																	

### Action Taken

Treatment by (please circle): First Aider            St. John Ambulance  Self                      None  First Aid given by: _____ Contact No.: _____	Further action required? <i>If yes, please give details</i>   
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### Recommendations

Could the accident have been avoided? \_\_\_\_\_

Was the accident dealt with quickly and effectively? \_\_\_\_\_

Can any action be taken to improve emergency procedures? \_\_\_\_\_

Captains' Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Essex SU Sports Office Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_