

PART B: EMERGENCY RESPONSE

Public Safety Contacted: Yes No Emergency Medical Services Contacted: Yes No

Responding Officers Name: _____

First Aid Performed: Yes No If YES, By Whom: _____

What Type of Care Was Provided: _____

After Accident/Incident, Member... (select option below)

____ Was transported by EMS

____ Left by themselves

____ Left facility with Emergency Contact or Friend

____ Stayed in the facility

____ Was escorted out by P-Safe or Campus Rec Staff

____ Warned & stayed in facility

PART C: WITNESSES

Witness: _____ Phone Number: (____) _____ - _____

Comments: _____

Witness: _____ Phone Number: (____) _____ - _____

Comments: _____

Witness: _____ Phone Number: (____) _____ - _____

Comments: _____

PART D: REPORT COMPLETED BY

Name (First & Last): _____

STU: ____ FAC/STA: ____ Campus Rec Staff: ____ Phone Number: (____) _____ - _____

Facility Supervisor on Duty: _____ Signature: _____

PART E: MANAGEMENT USE

Report Received By: _____ Date: ____/____/____

Follow-up with Incident: YES NO

Notes From Follow-up: _____

Follow-up with P-Safe (Include Report Number): _____