

Business Office		
SOP #BO1	Reporting of Accidents/Incidents	Effective Date: 06/01/2017

SOP Purpose: The purpose of this SOP is to define the process for completing the Accident/Incident Reporting Form for accidents/incidents relating to members/guests. Employee accidents/incidents are reported on an Employee Report of Injury.

Applicability: All Staff.

Policy: The staff member who discovers, witnesses or is informed of an accident/incident is responsible for completing the accident/incident report form.

Keyword Definitions:

Important Information Accident/Incident Reporting:

1. Be objective. Report only facts, not conclusions, opinions, accusations or admissions of wrongdoing.
2. Complete the form as thoroughly as possible, put on your investigative hat and complete the form so a student could read and understand the situation.
3. The form should be completed immediately after the incident/accident.
4. Upon completion, the form should be given to the Director of the department in which the incident/accident occurred.
5. The Director reviews the form for completeness and determines if a follow-up phone call should be made to the injured person. Guidelines to determine if a follow-up phone call is necessary:
 - a. Severe accident/incident, issue between children, if you need to get more facts, etc.
 - b. Bump on head, band aid, injured person returns to full activity, etc. phone call not needed.
6. The Director forwards the form to the Executive Director for review.
7. The Executive Director reviews the form for completeness and determines whether the form should be scanned and emailed to the Chief Financial Officer (CFO).
 - a. Guidelines to determine if the form should be submitted to CFO:
 - i. If further medical attention is required.
 - ii. Any severe slip and fall that requires ice.
 - iii. Any injury that involves the neck.
 - iv. Any injury that occurs on a high ropes course or archery range.
 - v. Any accident/incident where the injured person says they are not all right or they leave in an uncomfortable situation.
 - vi. If the attitude of the injured person is belligerent or angry.
 - b. If the form is not submitted to the CFO, file at your respective branch, for future reference, if necessary.

To Complete the Accident/Incident Report Form:

1. Complete the form as thoroughly as possible. If you need additional space, feel free to attach additional pages. A few hints to be aware of:
 - a. Injured Person Name: Include the first and last name of the injured person. Circle whether this is a member or guest.
 - b. Complete Mailing Address: Include the complete mailing address of the injured person including city and zip code.
 - c. Is there a video of the accident? Circle YES or NO.
 - d. Should the video be saved? Circle YES or NO.

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- e. Describe exactly what happened including any comments made by injured person: Be as descriptive as possible on what occurred. Describe the state-of-mind of the injured person.
- f. Did a condition of the premise factor into the accident/incident? If yes, please take a photo and attach it to the accident/incident form.
- g. Sign and date the completed form.
- h. Submit the form to the Director of the department in which the incident/accident occurred.

Other Associated Documents:

- [Accident Incident Reporting Form.docx](#)