

Washington State University Extension 4-H Incident Report Form

Please complete one for each person involved; submit this form to the county 4-H office within seven (7) days of the incident. Also include any photographs, news clips, police reports, etc.

Return to: tanya.barnett@wsu.edu or

WSU Jefferson Co. 4-H, 121 Oak Bay Rd., Port Hadlock, WA 98339

Name of 4-H Sponsored Event: _____

Date of event: _____ Location: _____ County: _____

Address: _____

Person Involved: _____

Last Name

First Name

M.I.

Address: _____ Phone: _____ Email _____

Date of Birth _____ Sex: (circle) Male/Female Status at Event: _____

Type of Incident: (circle one) Behavioral Accidental Illness Other (describe)

Date of Incident: _____ Time of Incident: _____ a.m. or p.m.

Emergency reported to: _____ by means of _____

Extension Volunteer/Staff in charge at the time of incident: _____

Parent or Guardian Notified: Date _____ Time _____ by Whom _____

Emergency Contact Notified: Contact Name _____ Phone _____

Date _____ Time _____ by Whom _____

Type of Medical Care Received? (circle) First Response Ambulance Emergency Hospital

Adult(s) on the scene: _____

Adults(s) rendering aid: _____

Witnesses: (at least two, more may be useful)

Name: _____

Address: _____

Where located at the time of incident? _____

Name: _____

Address: _____

Where located at the time of incident? _____

Description of Incident

Use additional pages, if necessary

Sequence of activity (e.g., at end of the workshop, at the beginning of club meeting, during leisure time): What had preceded in terms of type of activities?

Location (e.g., where did the incident occur in the workshop/activity space in relation to instructor/supervisor and other participants)? A diagram is frequently helpful.

Just exactly what was the person involved doing and how did the incident occur? What was going? Who was involved?

What could/should the injured person have done to have prevented the incident? (If appropriate, might ask the person involved what he/she could have done to prevent the injury.)

Action taken at time of incident:

Action taken as follow-up to incident:

FOLLOW-UP REQUIRED:

Person(s) completing all or part of report:

Signature	Title	Date
Signature	Title	Date

Person completing Follow-Up Report:

Signature	Title	Date
County 4-H Educator Signature		Date

Incident Follow-Up Final Report

Please submit this form within 30 days after incident is considered closed.

County _____ Date of Report _____

Club _____ Club Leader _____

Address _____ Phone _____

Date of incident _____ Time _____ Location _____

Incident report by _____ to 4-H Office on _____

Method

Date

Written incident report submitted on _____

Date

Emergency contact person _____

Brief re-cap of incident:

Follow-up information not previously reported:

Insurance settlement: _____

Suggestions for procedures that might help others handle, avoid, or minimize such an experience:

Signature of person completing form

Title