

Incident/Accident Report

Please fill out this incident/accident report for any incident or accident that happens in a Billerica Recreation program

* Required

1. Email address *

2. Name of staff member completing report *

3. All involved participants first and last names *

4. Today's date *

Example: January 7, 2019

5. Date of accident/incident *

Example: January 7, 2019

6. Time of accident/incident *

_____ *Example: 8:30 AM*

7. Which recreation program did the incident/accident occur at? *

8. Specific location of accident/incident *

Need the building/field name AND the location name. Ex: Dutile School playground

9. Cause of accident/incident *

Mark only one oval.

- Accident: Fall
- Accident: Contact with object/person
- Incident: Illness or suspected COVID
- Incident: Behavior
- Other: _____

10. If applicable, location of the injury on the body

Mark only one oval.

- Head
- Torso
- Right arm
- Left arm
- Right hand
- Left hand
- Right leg
- Left leg
- Right ankle
- Left ankle
- Right foot
- Left foot
- Other: _____

11. Description of the accident/injury *

12. Immediate action taken by staff *

Mark only one oval.

- Disinfected and applied an adhesive bandage
- Stopped activity/rest
- Applied ice
- Other: _____

13. Follow up action taken by staff

Check all that apply.

- Called the recreation programs supervisor
- Called a parent/guardian
- Called the police
- Other: _____

14. Please upload relevant photos/documents to this accident incident

Files submitted:

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