

BOYS STATE ACCIDENT REPORT **FORM**

Instructions

Please PRINT and use a ball point pen when completing this form.

WHO SHOULD COMPLETE THE FORM?

The investigation of an accident is to be conducted in order of preference by the:

1. Boys State City Counselors, and
2. Boys State Assistant Director for Operations or

COMPLETING THE FORM

To assist with determining the facts, helpful questions have been attached to the back of this form.

1. As soon as possible after the event the Boys State City Counselors should identify and consult with:
 - The injured person(s) (*If not available please note on the form*);
 - Witness(es);
 - People who were with the injured person(s);
 - People who have information on events prior to the accident.
2. Ensure all questions are answered.
3. If additional space is required attach a separate report or sketch to the report.
4. Report the accident to the Director of Boys State and the Assistant Director for Boys State Operations.

Administration:

1. Send the original to the Boys State Medical Office;
2. A copy is to be kept by the Boys State City Counselor in Charge, and
3. A copy is to be kept by the Boys State Administrative Office.

A. PERSONAL DETAILS OF THE INJURED OR INVOLVED PERSON

- 1. Name: _____
- 2. Date of Birth: _____ (Day/Month/Year)
- 3. Boys State attendee - Attendee Id. No _____
 Boys State Staff Staff Id No. _____
- 4. Home Address: _____
- 5. Telephone: Wk: _____ Hm: _____
- 6. Emergency Contact: _____ Contact Tel. No: _____

B. DETAILS OF THE ACCIDENT

- 7. Day of Accident _____ 13. Date of Accident _____ 14. Time _____ am/pm
- 8. Location of Accident:
_____ Building _____ Room _____
- 9. Description of the Accident:
 - a. What was the person doing leading up to or at the time of the accident? (eg baseball, swimming)

 - b. What object/machine was involved? (eg bat, ball, step)

- 10. What Safety Equipment or Procedures were being used or implemented at the time? (eg gloves, goggles, protective shoes, earmuffs, manual handling)

C. INJURY/CONDITION/DISEASE DETAILS

11. Description of Injury/Condition/Disease

a. Nature/Type of Injury (eg fracture, burn, grazing, bruising)

b. Bodily Location of Injury/Condition/Disease (√ Tick the corresponding injury site/s)

- | | | | |
|--|--|-----------------------------------|--|
| <input type="checkbox"/> Arm - Lower L/R | <input type="checkbox"/> Arm - Upper L/R | <input type="checkbox"/> Hand L/R | <input type="checkbox"/> Finger/s |
| <input type="checkbox"/> Leg - Lower L/R | <input type="checkbox"/> Leg - Upper L/R | <input type="checkbox"/> Foot L/R | <input type="checkbox"/> Toe/s |
| <input type="checkbox"/> Skull | <input type="checkbox"/> Face | <input type="checkbox"/> Eye L/R | <input type="checkbox"/> Nose |
| <input type="checkbox"/> Mouth | <input type="checkbox"/> Ear L/R | <input type="checkbox"/> Neck | <input type="checkbox"/> Shoulder/s L/R |
| <input type="checkbox"/> Chest | <input type="checkbox"/> Abdomen | <input type="checkbox"/> Hip L/R | <input type="checkbox"/> Internal Organs |
| <input type="checkbox"/> Back - Upper | <input type="checkbox"/> Back - Lower | <input type="checkbox"/> Buttocks | |

12. Medical Treatment For This Accident:

a. When did the person first seek or were given medical treatment? (day/date)

b. Who provided the medical treatment? _____

D. WITNESS/ES

13. Name and address of witness(es) to the accident

E. ACTION TAKEN

14. Was the accident reported to the Boys State Medical Officer? Yes / No

Who _____ When _____

15. Transported to Medical facility? Yes / No By Whom: _____

16. What action has been taken to prevent further occurrences of this type of incident?

F. DETAILS OF THE PERSON COMPLETING THIS FORM

Name: _____ Contact Tel, No: _____

Signature: _____ Date: _____

Administration:

1. Original is sent to the Boys State Medical Office;
2. A copy is kept by the Boys State City Counselor in charge; and
3. A copy is kept by the Boys State Administrative Office.

HELPFUL QUESTIONS

The following questions may assist in determining the facts:

1. WHO

- was injured?
- saw the accident?
- was working with the injured person?
- had instructed and/or assigned the job to the injured person?
- else was involved?
- has information on events prior to the accident?

2. WHAT

- is the injury?
- is the damage or loss?
- was the injured person doing?
- had the injured person been instructed to do?
- tools were being used?
- machinery/plant/equipment was in use?
- previous similar accidents or near misses have occurred?
- action had been taken to prevent recurrence?
- did the injured person and any witnesses see?
- safety rules were violated?
- safe systems of work, permits to work, isolation procedures were there?
- training had been given?

3. WHEN

- did the accident occur?
- did the damage become evident?
- did the injured person start the job?
- was an explanation of the hazards given?
- did the supervisor last see the injured person?
- was something observed to be wrong?

4. WHERE

- did the accident occur?
- did the damage occur?
- was the supervisor at the time?
- were the witnesses at the time?

5. WHY

- did the injury occur?
- did communication fail?
- was training not given?
- were the unsafe conditions permitted?
- was the hazard not evaluated?
- was personal protective equipment not provided?
- was protective equipment not used?
- was there no safe system of work, permit to work or isolation procedure operating?
- were specific safety instructions not given?
- was the supervisor not consulted when things started to go wrong?