

Washington State 4-H Incident Report Form

(Complete one on each person involved)

(Please 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.)

Name of 4-H sponsored event: _____
Date of event: _____ Location: _____ County: _____
Club: _____ Contact person(s): _____ Phone: _____
Address: _____

Person involved: _____
Last name First name M.I.
Address: _____ Phone: _____
Age: _____ Sex: (circle one) Male Female Status of 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 _____
Volunteer/Staff in charge at time of incident: _____

Parent or Guardian Notified: Date _____ Time _____ By Whom _____
Emergency Contact Notified: Contact Name _____ Phone _____
Date _____ Time _____ By Whom _____

Adult(s) on the scene _____
Adult(s) rendering aid _____

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

Name: _____
Address: _____
Where located at time of incident? _____

Name: _____
Address: _____
Where located at time of incident? _____

Over Please

Description of Incident

(Use additional pages if necessary)

1. 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?)

2. 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.

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

4. 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.)

5. Action taken at time of incident:

6. 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 of Report:

Signature	Title	Date
County 4-H Agent 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 if incident _____ Time _____ Location _____

Incident reported by _____ to 4-H office on _____
method date

Written incident report submitted on _____

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