Facility User Injury Reporting Instruction

PLEASE PRINT ALL INFORMATION LEGIBLY - DO NOT use this form for EMPLOYEE injuries.

To Be Used By Staff For Reporting Basic injury Information; if the patron is transported by ambulance, or a fatality occurs notify Risk Management immediately 459-1344, after hours 590-4934.

This report must be filled out immediately on the day of the injury and submitted to Risk Management through e-mail to ReportClaims@fnsb.gov or in-house mail or fax to 459-1187.

1. INJURED PARTY INFORMATION	THIS INFORMATION HELPS…
Facility where incident occurred Name Parent or Guardian if Minor Contact Number Gender and Age Address, City, State, and Zip Code	Risk Management to identify specific incidents should care become necessary for the injured party
2. DATE/TIME OF IINJURY/LOCATION OF INJURY	THIS INFORMATION IS IMPORTANT WHEN…..
Enter the date and time when the injury occurred. Location in/at the facility where the incident occurred. Be as Specific as possible – Include room numbers, equipment involved, etc.	Risk Management investigates injuries and this information narrows down the specifics of when and where the injury occurred.
3. INJURY DETAILS	THIS INFO IS IMPORTANT BECAUSE IT PROVIDES….
Be as specific as possible. Be sure to provide 1. Cause of the Injury - answer the question "what were you doing when the accident occurred?" 2. Nature of the injury - answers the question "what is the injury? a. What part(s) of the body were injured – Be sure to identify if it is left side, right side, or N/A (mark all that apply) b. Nature of injury (mark all that apply) 3. Objects/Substances/Activities Involved – answer the question "what was happening and what was involved at the moment the injury occurred?" a. Lighting – If applicable b. Surface Conditions – If applicable c. Type of equipment being used – if applicable	**Cause of the Injury -** Give specific details about the activities involved. Examples include "jumping off high dive", "walking into building slipped and fell", or "skating during free skate", etc. **Nature of the Injury -** This should include the part of body affected, on what side of the body the injury occurred (if applicable) and how the body part was affected. For example, "fractured left wrist", "contusion to forehead and neck strain", etc. **Objects/Substances/Activities Involved -** Identify the *immediate* cause of the injury and anything involved. If lighting or surface conditions played a factor in the injury/incident identify why it did so. For example, "fell while skating and struck head on ice", "struck high dive board when diving", "snow/ice covered the curb", etc.
4. ASSISTANCE PROVIDED	THIS INFO IS IMPORTANT BECAUSE…..
What assistance was provided? 1. First Aid a. Who administered first aid? b. What type of first aid was given? 2. Notified family 3. Referred to Dr. 4. Called 911 5. None/Declined 6. If the patron is transported by ambulance, or a fatality occurs notify Risk Management immediately 459-1344, after hours 590-4934.	It provides Risk Management with details of any assistance provided to the injured party should further care become necessary.
5. WITNESS(ES)	THIS INFO IS IMPORTANT BECAUSE…..
Provide the Name and contact number for any witnesses.	Provides us with individual(s) that have knowledge of the incident.
6. REPORTED BY SIGNATURE	THIS INFO IS IMPORTANT BECAUSE…..
Printed name and signature of the individual completing the injury report the date the form was completed.	If we need further information concerning this incident this is who we will contact.
7. SUBMIT THE REPORT TO RISK MANAGEMENT	IMPORTANT BECAUSE
E-mail (ReportClaims@fnsb.gov) OR Fax (907-459-1187) OR send through in house mail.	Timely notification allows for follow up and any corrective actions that might need to be implemented.

Facility User Injury Report

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Facility	**Bus/Van Tran Unit Number (if applicable):**

Injured Party Information	Name of Person Injured	Parent or Guardian if Minor	Contact Number	Gender: ☐ M ☐ F	Age
	Address	City	State	Zip Code	
Time / Location	Date	Time	☐ am ☐ pm	Location in/at facility (be specific, Include room numbers, etc.)	

Injury Details

Full description of Incident Including any contributing factors (be specific)

Position of Body Part(s) Injured

- ☐ Left
- ☐ Right
- ☐ N/A

Part(s) of Body Injured

☐ Abdomen	☐ Finger(s)	☐ Knee	☐ Nose	☐ Toes
☐ Ankle	☐ Foot	☐ Lower Arm	☐ Pelvis	☐ Upper Arm
☐ Buttocks	☐ Great Toe	☐ Lower Back	☐ Scalp	☐ Upper Back
☐ Chest	☐ Groin	☐ Lower Leg	☐ Shoulder(s)	☐ Upper Leg
☐ Ear(s)	☐ Hand(s)	☐ Mid Back	☐ Skull	☐ Whole Body
☐ Elbow	☐ Head	☐ Mouth	☐ Teeth	☐ Wrist(s)
☐ Eye(s)	☐ Hip	☐ Neck	☐ Thumb	☐ Other

Nature of Injury (mark all that apply)

☐ Abrasion	☐ Concussion	☐ General Soreness	☐ Puncture
☐ Allergic Reaction	☐ Contusion/Bruise	☐ Laceration / Cut	☐ Scratch
☐ Animal/Insect Bite	☐ Dislocation	☐ No Physical Injury	☐ Sprain
☐ Burn	☐ Foreign Body	☐ Nose Bleed	☐ Strain
☐ Chipped/Broken Tooth	☐ Fracture	☐ Other:	

Lighting (if applicable)	**Surface Conditions (if applicable)**		
☐ Natural Daylight	☐ Defective	☐ Muddy	☐ Wet
☐ Artificial Light	☐ Dry	☐ Rainy	☐ Other ______
☐ Dark	☐ Gravel	☐ Snowy	☐ Other ______
☐ Unlighted	☐ Icy	☐ Uneven	

Assistance Provided

What Assistance was given?

☐ First Aid ☐ Notified Family ☐ Referred to Dr. ☐ Called 911 ☐ None/Declined

Who administered First Aid? ______

Type of First Aid Given? ______

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Witnesses	Name / Contact Number	Name / Contact Number	Name / Contact Number
Reported by	Printed Name	Signature/Digital Signature/Print	Date