

## SUUSI Incident/Injury/Accident Report

Name \_\_\_\_\_ Age \_\_\_\_\_ SUUSI Room \_\_\_\_\_

SUUSI Contact \_\_\_\_\_ SUUSI Room \_\_\_\_\_ Phone \_\_\_\_\_

Parent or SUUSI Guardian \_\_\_\_\_ SUUSI Room \_\_\_\_\_ Phone \_\_\_\_\_

Date of Incident/Injury/Accident \_\_\_\_\_ Time of Incident \_\_\_\_\_

Non SUUSI Participant involved?  NO  YES Name \_\_\_\_\_

Contact Information \_\_\_\_\_ Phone \_\_\_\_\_

Date & Time Reported \_\_\_\_\_ Reported To \_\_\_\_\_

Location of Incident/Injury/Accident \_\_\_\_\_

Trip or Workshop Number/Name \_\_\_\_\_

Leader/s of Trip or Workshop \_\_\_\_\_

Equipment Being Used \_\_\_\_\_

Description of Incident/Injury/Accident \_\_\_\_\_

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Resolution \_\_\_\_\_

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Follow Up (if applicable) \_\_\_\_\_

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Signature of Individual \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Form Completed By \_\_\_\_\_ Date \_\_\_\_\_