

# Space Coast United's First Report of Injury

Instructions: Use this form to report all club-related injuries, illnesses, or "near-miss" events (which could have caused an injury or illness) -- *no matter how minor*. This helps to identify and correct hazards before they cause serious injuries. This form should be completed by an employee as soon as possible and given to the Club Administrator for further action.

I am reporting a club related:  Injury  Near-miss Injured Party:  Player  Employee

Your Name  Job Title  Supervisor's Name

Have you told a DOC or Admin about this injury / near miss?  Yes  No

Date of Injury / Near Miss  Time of Injury / Near Miss

Names of witnesses (if any)

Where did this happen?

What was the injured party doing?

Describe step by step what led up to the injury / near miss?

What could have been done to prevent this injury / near miss?

What parts of your body were injured? If near miss, what could have been hurt?

Did the injured party see a doctor about this injury / illness?

Date of Visit   Yes

Time of Visit   No

Doctor

Doctor's Phone

Has this part of the body been injured before?  Yes  No

Date of Previous Injury  Cause of Previous Injury

INJURED PLAYER

INJURED EMPLOYEE

Player's Name

Employee's Name

Date of Birth

Today's Date