|  |  |
| --- | --- |
| C:\Users\js.SCW\Desktop\scw_logo_black.jpg | SCW Fitness Education MANIA® Convention |
| **ACCIDENT REPORT FORM** |
| (This form should be filled out by each staff member involved in or witness to an |
| Accident at SCW Fitness Education’s MANIA® Convention) |

|  |  |  |  |
| --- | --- | --- | --- |
| Employee’s Name | | | |
| Employee’s Address | | | |
| City | State | | Zip |
| Cell Phone ( ) - | | Home Phone ( ) - | |

|  |  |  |  |
| --- | --- | --- | --- |
| Injured Party’s Name | | | |
| Injured Party’s Address | | | |
| City | State | | Zip |
| Cell Phone ( ) - | | Home Phone ( ) - | |

|  |
| --- |
| Date and Time of Accident: |
| Location of Accident (be specific): |

|  |
| --- |
| Did you witness the accident? Yes No |
| Details of the accident: |

|  |
| --- |
| Was artificial respiration administered? Yes No |
| If so, by whom? |
| Was CPR administered? Yes No |
| If so, by whom? |
| Was First Aid administered? Yes No |
| If so, by whom? |
| If so, what type? |
| Was emergency help called? Yes No |
| If so, by whom? |
| If so, how much time elapsed before help arrived? |
| How much time elapsed between accident and administration of aid? |

|  |  |
| --- | --- |
| Printed Name: | |
| Signature | Date |