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| 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) |

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

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

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

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

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| 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? |

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| Printed Name: |
| Signature | Date |