

DATE SUBMITTED: _____



INDIANA UNIVERSITY
OFFICE OF THE EXECUTIVE VICE PRESIDENT
FOR UNIVERSITY ACADEMIC AFFAIRS
University Environmental Health and Safety

Snorkeling and Scuba Diving Incident Report Form

University Environmental Health and Safety (EHS) recognizes this form as a comprehensive Snorkeling and Scuba Diving Incident Report Form whereby all pertinent information should be documented immediately after an incident occurs. Submission of this form should occur as soon as possible. Incidents involving the transportation of an injured party via ambulance, water vessel, aircraft, etc. will require immediate notification to the Diving Safety Officer (DSO). Upon completion, this form becomes a legal document and should be submitted to the DSO at: 1025 East Seventh Street, SPH 112J, Bloomington, Indiana 47405.

Part I: Incident Specifics and Actions Taken

Date of Incident (Weekday, Month Day, Year): _____

Time of Incident: _____ Time EMS Called: _____

Time EMS Arrived: _____ EMT Names: _____

**Complete, as necessary, the Ambulance Consent/Refusal of Service Disclosure located at the end of this form.*

Injured Party Transported to: Hospital Home Other: _____

Final Destination Name/Address: _____

Method of Transport: Ambulance Private Auto Other: _____

Name(s) of Transporter: _____

Location (Please be as specific as possible):

Course, Activity, and Instructor Data:

Name of Instructor/Organization: _____

Name of Seminar/Special Event/Course/Time/Day:

Activity Occurring at the Time of the Incident (class activity, special event, seminar, etc.):

DATE SUBMITTED: _____

Snorkeling and Scuba Diving Data:

Diving Mode: Snorkeling/Skin Diving Open-Circuit Scuba Other: _____

Certification Level: _____ **Max Depth (ft.):** _____ **Total Bottom Time:** _____

Water Temperature (°F): _____ **Environmental Conditions:** _____

Purpose of Activity and Tasks performed (recreational, scientific, training, photography, etc.):

Dive Sequence and Specifics (Please be as specific as possible and report dives leading up to incident to include number, profiles, ending and starting pressure groups, dive buddies, breathing gas mixture, dive platform, non-standard equipment used, etc.):

Part of Body Injured and Nature of Possible Injury:

Identification of Injury (Describe the body part(s) injured. Be sure to designate if the Left or Right side of the body was affected.):

Nature of Injury (bruise, cut, dislocation, fracture, suspected lung overexpansion injury, suspected Decompression Sickness, Type I or II, etc.):

Describe in Detail the Actions Taken (Primary Care, Secondary Care, O₂ Administration, etc.):

DATE SUBMITTED: _____

Body Fluid Spill:

Body Fluid Spill? Yes No

If Yes, follow the checklist below and initial each line:

- _____ Wear gloves while handling any body fluid spill.
- _____ Clean up the area using a bleach/water solution.
- _____ Dispose of contaminated supplies (gauze, gloves, paper towel, etc.) using the biohazard bags in appropriate container.
- _____ Thoroughly wash hands after the incident.

Ambulance Consent/Refusal Signature:

I, _____ (print name) have been informed that I am responsible for paying for ambulance service as well as any emergency room and physician-related expenses. I understand that Indiana University is not responsible for these fees.

Indicate with an "X" if Ambulance Transport was Requested or Refused:

_____ REQUEST Ambulance Transport _____ REFUSE Ambulance Transport

Signature of Party Refusing Care: _____ Date: _____
Signature

Refusal of Medical Care Signature:

I, _____ (print name) have been advised that I may have a medical condition (s) which may require an examination by a doctor, and I refuse such medical care and or advice as has been rendered by Indiana University OR I do not believe a medical emergency exists and I require no further assistance.

Signature of Party Refusing Care: _____ Date: _____
Signature

Part II: Injured Party Personal Data

Last Name of Injured Party (First, MI, Last): _____

Date of Birth: _____ IU ID: _____ Sex: Female Male

Local Street Address: _____

City, State, Zip, Country: _____

Phone: _____ Email: _____

IU Affiliation (undergraduate student, graduate student, faculty, staff, guest, etc.): _____

DATE SUBMITTED: _____

Part III: Personal Statements

Witness # 1 Statement

To be completed by a witness that observed the incident.

What did you see happen? (WHO, WHAT, WHEN, WHERE, HOW) Report names, times, and what you did related to the events surrounding the accident.
Use additional paper if necessary and attach the statement to this report.

Name of Witness #1 (First, MI, Last): _____

Contact Information: _____

Enter Statement Here, or attach:

Witness #1 Signature: _____ **Date:** _____
Signature

Witness # 2 Statement

To be completed by a witness that observed the incident.

What did you see happen? (WHO, WHAT, WHEN, WHERE, HOW) Report names, times, and what you did related to the events surrounding the accident.
Use additional paper if necessary and attach the statement to this report.

Name of Witness #2 (First, MI, Last): _____

Contact Information: _____

Enter Statement Here, or attach:

Witness #2 Signature: _____ **Date:** _____
Signature

DATE SUBMITTED: _____

IU Employee # 1 Narrative

To be completed by an employee that may or may not have observed the incident.

State factual information only – never diagnose injuries. (WHO, WHAT, WHEN, WHERE, HOW)
Report names, times, and what you did related to the events surrounding the accident.
Use additional paper if necessary and attach the statement to this report.

Name of Employee #1 (First, MI, Last): _____

Employee Title: _____ IU School / Campus Association: _____

Contact Information: _____

Enter Statement Here, or attach:

Employee #1 Signature: _____ Date: _____

Signature

IU Employee # 2 Narrative

To be completed by an employee that may or may not have observed the incident.

State factual information only – never diagnose injuries. (WHO, WHAT, WHEN, WHERE, HOW)
Report names, times, and what you did related to the events surrounding the accident.
Use additional paper if necessary and attach the statement to this report.

Name of Employee #2 (First, MI, Last): _____

Employee Title: _____ IU School / Campus Association: _____

Contact Information: _____

Enter Statement Here, or attach:

Employee 2 Signature: _____ Date: _____

Signature

DATE SUBMITTED: _____

Part IV: Recommendations

Do You Recommend a Follow-up? Yes No

Date of Anticipated/Actual Follow-up: _____ Who Will Follow-up? _____

Follow-up Comments (*Please be as specific as possible*):

Part V: Incident Report Form Checklist and Signature

Checklist:

- EMS dispatch and arrival time recorded, if applicable?
- Date, Time, & Location of Accident and Course Information recorded?
- Injury Data recorded in detail thoroughly?
- Actions Taken in response to incident recorded in detail thoroughly?
- Ambulance Consent/Refusal Signed by Injured Party?
- If care was refused: Refusal of Medical Care signed?
- Injured Party's Personal Data recorded thoroughly with all necessary signatures?
- Witness Narratives completely filled out, legibly?
- Employee Narratives completely filled out, legibly?
- Follow-up Recommendations indicated?

Submit this form to the Diving Safety Officer (DSO) in either electronic or hardcopy format.

Should you have questions, please call the DSO at (812) 856-5860.

Electronic: mhaydu@indiana.edu

Hardcopy: 1025 East Seventh Street, SPH 112J
Bloomington, Indiana 47405

Print Name of Party Who Completed this Form (First, MI, Last): _____

Contact Information for Party Who Completed this Form (Phone/Email):

Signature of Party Who Completed this Form: _____ Date: _____

Signature