

USA SWIMMING
Report of Occurrence

Personal Injury/Property Damage (Please Print)

Date of Incident: _____ LSC: _____ Name of Club: _____

Injured: Athlete Coach Official Member/other: _____ Guest/Spectator Other

Name(Legal): _____ USA Swimming Athlete ID#: _____

Address: _____ City/State/Zip: _____

Date of Birth: _____ Age: _____ Sex: M F Phone: () _____

Where did the incident occur?: In Water Deck On Blocks Locker Room Bleachers Hallway Stairs
 Gym Outside Venue (List) _____ Other _____

Activity: Meet/Competition Meet/Warmup Meet/Warmdown
 Practice/Water Practice/Dryland Other: _____

Facility Name: _____ City/State: _____

Describe the incident: _____

Affected Body Part (Specify R or L): Head/Neck Leg/Foot Ears/Nose/Mouth/Teeth Hand/Arm Knees
 Shoulder Torso Internal Other

Describe the Injury: _____

On Site Care Given by: Coach Parent EMT/Paramedic Staff: _____ Other

Care Given on Site: Ice Immobilized Bandage Cleaned Other

Parent/Guardian notified: No Yes Comment? _____

Taken to Clinic/Hospital: No Yes If yes, location: _____

Please include names and phone numbers of three (3) witnesses: (If others, list on reverse)

| | | |
|-------|---------|-------|
| _____ | _____ | () |
| Name | Address | Phone |
| _____ | _____ | () |
| Name | Address | Phone |
| _____ | _____ | () |
| Name | Address | Phone |

Activity Supervisor: _____ () _____ ()
please print Daytime Phone Evening Phone

Report Submitted By: _____ () _____ () _____ Date: _____
please print Daytime Phone Evening Phone

Club Personnel/Club Safety Coordinator is responsible for returning completed form immediately following incident to:

USA Swimming
Risk Management Department
One Olympic Plaza
Colorado Springs, CO 80909
FAX: (719) 575-4050

and: Risk Management Services, Inc.
P. O. Box 32712
Phoenix, AZ 85064-2712
FAX: (602) 274-9138

and: LSC Safety Chairman

Please attach any additional reports (facility reports, newspaper articles, witness statements).

Report of Occurrence Forms

How are USA Swimming and Risk Management Services, Inc. notified when an accident occurs? The Report of Occurrence form, supplied to all club and non-athlete members in annual membership mailings, is used for this purpose. Reporting all incidents, no matter how minor, is important to put both USA Swimming and its insurer on notice of accidents and potential claims.

A Report of Occurrence form should be completed any time an injury occurs at a USA Swimming function, whether or not it involves a USA Swimming member. To summarize, injuries involving spectators should also be reported. The form should be filled out by a meet director or by any club personnel responsible at the time of the incident; the parents of the injured athletes should not be asked to complete the report form.

Once the report is received at USA Swimming National Headquarters, information about the incident is entered into the USA Swimming database for future safety education and insurance references. When a Report of Occurrence form indicating an athlete or non-athlete participant is a USA Swimming registered athlete, information about the Excess Accident Medical Insurance Policy and claim forms are sent to the injured party('s) family. This program is excess to other primary insurance in place through the member's employment, school or family. The deductible is the greater of the total of other collectible benefits from primary insurance sources applicable to the injury or \$100 when there is no primary insurance.

Copies of the report should be sent to the following:

USA Swimming
Attn: Risk Management
One Olympic Plaza
Colorado Springs, CO 80909
FAX: (719) 575-4050

Risk Management Services, Inc.
Attn: Sandi Blumit
PO Box 32712
Phoenix, AZ 85064-2712
FAX: (602) 274-9138

and to *your* LSC Safety Coordinator

The Report of Occurrence form keeps Risk Management Services, Inc. informed of potential claims or liability situations. If the accident is of a serious nature, USA Swimming National Headquarters confers with Risk Management Services and an investigation of the incident is initiated.



Alaska Swimming, Inc
www.akswimming.org

Cullen Reece
Safety Coordinator
cullennp@gci.net

October 2, 2011

Alaska Swimming Inc. Safety Policy Letter

The Purpose of this letter is to define the current practices of ASI Safety in regards to handling Reports of Occurrence and Dissemination of Safety Information flowing from USA-Swimming or within ASI.

To comply with USA Swimming current Policy, all Report of Occurrence forms shall be filled out as soon as possible, preferably at the time of occurrence if conditions permit. Coaches should keep a hard copy with their daily record keeping materials, and Meet Managers should have an electronic copy saved to the laptop that may be readily printed on site. Reminder: the form shall be filled out in triplicate and sent to the three agents/agencies listed at the bottom of the form, which includes the ASI Safety Coordinator. Please send the report to USA-S by fax to the numbers listed on the form, and mailed or scan and email to the ASI Safety Coordinator.

Safety information that flows from USA Swimming or is generated with ASI will be disseminated to clubs, coaches, officials and others through current email listings with ASI, and posted to the ASI Website. Rule changes regarding safety would be made through the HOD or BOD, and information disseminated through the process developed during the rule change.

Contact information for ASI Safety Coordinator (2010-2012):

Cullen Reece
2005 Christine Dr.
North Pole, AK 99705
cullennp@gci.net
(907)799-9823 cell
(907)490-0130 home

Approved by:
Cullen Reece
ASI Safety Coordinator

Ramona Reeves
ASI General Chair