

BBOP Rescue (Huli) Report

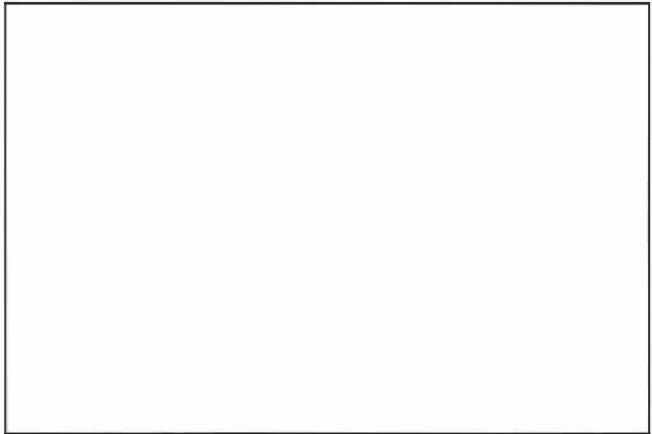
To be used for unusual or particularly challenging hulis or other rescues. Please submit to the safety coordinator or another board member.

Contact Information (steersperson or coach at time of incident)

Last Name, First Name, Middle Initial		Date of Birth / /	
Street Address	City	State/Province	Zip/Postal Code
Phone Number ()	If minor, guardians name	Was guardian notified? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, by whom?

Location

Describe in detail the location of the incident. Use box provided for diagram if necessary.

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Date: ____/____/____ Day: S M T W R F S (circle one) Time: ____ (a.m./p.m.)

Name/description of person(s) involved: _____

First Responder: _____ (see below)

Secondary Responder(s): _____

Type of Program/Event: _____

Event Coordinator Name: _____

Description of incident/accident/rescue (use additional pages as needed): _____

Witness name: _____ Phone Number: _____

Witness name: _____ Phone Number: _____

Was 911 called? Yes No Time: ____ (a.m./p.m.)

Police case # _____ Responding officer: _____

If patient refuses care, have them sign here (If under 18 have guardian sign)	Date: _____
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Responder Information

Responder(s) Name:	#1	#2
Location when incident/accident/rescue occurred.		
Role in incident/accident/rescue and care given to patient.		
I understand that if I was exposed to blood or other bodily fluids I need to immediately wash the exposed area, report the exposure to coordinator and complete and exposure report.		
Signature: #1 _____ #2 _____		
Weather information- did it contribute to the incident?		
Temperature		
Water conditions		
General weather conditions.		

Incident/Accident/Rescue Information

How did incident/accident/rescue occur?	
Was anyone injured?	
Visible injury? Indicate exact location.	
Type and size of injury, be specific.	
Describe any unusual physical conditions: e.g.: red skin, rapid breathing, etc.	
Was patient sent home with guardian due to injury? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:	
Did the patient have a preexisting medical condition? Was the club/coach made aware?	
Was the Coast Guard or another aid unit dispatched? <input type="checkbox"/> Yes <input type="checkbox"/> No Was patient transported by the aid unit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Signatures	
Signature of person Completing Report:	Date:
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Follow up required?	If yes explain (use additional pages if needed):