



# Collegiate Sports Safety Report

Please fill in all fields and check all boxes that apply. Please feel free to provide additional information in the Comment boxes.

## CONTACT INFORMATION:

Please enter the following information if you are the individual who is preparing the Collegiate Sports Safety Report Survey.



# Collegiate Sports Safety Report

## SPORTS SAFETY EQUIPMENT

Please check the items you have on-site and indicate how many in the quantity box.

### AIRWAY APPARATUS:

BULB SYRINGE:	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>
ADULT BAG VALVE MASK:	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>
ADULT NASAL CANNULAS:	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>
ADULT NON-RE-BREATHING MASKS	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>
CPR FACE MASK:	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>
MANUAL SUCTION UNIT:	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>
NASAL AIRWAY KIT:	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>
ORAL AIRWAY KIT:	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>
DEFIBRILLATOR:	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>

### CERVIX / VERTEBRAE APPARATUS

ADULT ADJUSTABLE CERVICAL COLLAR	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>
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## SPORTS SAFETY EQUIPMENT

Please check the items you have on-site and indicate how many in the quantity box.

### BLEEDING CONTROL:

4" KLING:	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>
4 X 4 GAUZE PADS:	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>
5 X 9 GAUZE PADS:	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>
BAND AIDS:	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>
TRAUMA DRESSINGS:	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>

### INJURY CONTROL

PENLIGHT:	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>
STERILE WATER:	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>
BANDAGE SHEARS:	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>
INSTANT ICE PACKS:	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>
LATEX FREE GLOVES:	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>
2" TAPE ROLLS:	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>
STETHOSCOPE:	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>
TONGUE DEPRESSORS:	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>
TRAUMA SHEARS:	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>
TRIANGULAR BANDAGES:	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>

### MEDICAL RECORD DEVICES

PDA (PERSONAL DIGITAL ASSISTANT)	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>	QTY.	<input type="checkbox"/>
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# Collegiate Sports Safety Report

SPORTS SAFETY EQUIPMENT COMMENTS:

## PERSONNEL ON THE FIELD CERTIFIED ON CPR, AED AND FIRST AID (MINIMUM 1)

Please check how many of the following personnel are present at practices and games:

ATHLETIC TRAINERS:

YES:  NO:

NUMBER AT PRACTICE:  NUMBER AT GAMES:

PARAMEDICS / EMTS:

YES:  NO:

NUMBER AT PRACTICE:  NUMBER AT GAMES:

PHYSICIANS:

YES:  NO:

NUMBER AT PRACTICE:  NUMBER AT GAMES:

COACHES / ASST. COACHES:

YES:  NO:

NUMBER AT PRACTICE:  NUMBER AT GAMES:

STUDENT ASSISTANTS:

YES:  NO:

NUMBER AT PRACTICE:  NUMBER AT GAMES:

SPORTS SAFETY PERSONNEL COMMENTS:



# Collegiate Sports Safety Report

## TRAINED PERSONNEL

Please check how many personnel have successfully completed First Aid, CPR and Automated External Defibrillator Training:

FIRST AID TRAINING:	NUMBER AT PRACTICE:	<input type="checkbox"/>	NUMBER AT GAMES:	<input type="checkbox"/>
CPR TRAINING:	NUMBER AT PRACTICE:	<input type="checkbox"/>	NUMBER AT GAMES:	<input type="checkbox"/>
AED TRAINING:	NUMBER AT PRACTICE:	<input type="checkbox"/>	NUMBER AT GAMES:	<input type="checkbox"/>

SPORTS SAFETY TRAINING COMMENTS:

## HEALTH SCREENINGS AND PHYSICAL EXAMS

Do you require your athletes to complete a physical exam before participating in sports activities?

YES:  NO:

HEALTH SCREENINGS AND PHYSICAL EXAM COMMENTS:

## SPORTS SAFETY PROCEDURES

Do you have a sports safety manual or document that covers sports safety procedures to follow at all sports activities?

YES:  NO:

SPORTS SAFETY PROCEDURES COMMENTS:

Thank you for completing the NSSO Collegiate Sports Safety Report. Please fax this document to NSSO at (888) 277-5582 or mail it to: National Sports Safety Organization, 8547 E. Arapahoe Rd., Unit J-563, Greenwood Village, CO 80112. We will contact you after we receive this document to verify the information before publication.