

**ANNUAL ACCIDENT REPORT
 YOUTH CAMP SAFETY ACT**

INSTRUCTIONS:

In accordance with N.J.A.C. 8:25-5.1(f), report all accidents resulting in death or serious injury. DO NOT INCLUDE minor injuries which require only first aid treatment and which do not involve professional medical treatment, loss of consciousness, restriction of activity or motion, or premature termination of the camper's stay at the camp. Complete and forward this form within five days of the closure of the camp, or no later than **September 15**, whichever date is sooner. Use the codes provided to complete the requested information. If no reportable incidents occurred, submit a negative report by checking the box to indicate that you have "NO REPORTABLE INCIDENTS", and complete the signature area at the bottom. Email the form to youthcamps@doh.nj.gov or mail this form to the address listed above; retain a copy for your records.

Name and Mailing Address of Owner or Corporation (Include Camp Name) Camp Name Name Address 1 Address 2 City State Zip	Report Year
	(WEB)
	Permanent Camp ID Number
	Location of Camp Address 1 Address 2 City State Zip

ONLY SELECT THIS BOX IF YOU HAVE NO INCIDENTS TO REPORT

Date of Incident	Check Reporting Criteria Code(s)					Full Name of Camper	Description of Incident			Check If Death Resulted
	1	2	3	4	5		Location Code	Activity Code	Injury Code(s)	

Name of Responsible Official		Email Address	
Title of Responsible Official		Telephone Number	
Date		Signature of Responsible Official	

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INSTRUCTIONS AND CODES

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*In accordance with N.J.A.C. 8:25-5.1(f), report all accidents resulting in death or serious injury. DO NOT INCLUDE minor injuries which require only first aid treatment and which do not involve professional medical treatment, loss of consciousness, restriction of activity or motion, or premature termination of the camper's stay at the camp. Complete and forward the CB-15 form within five days of the closure of the camp, or no later than **September 15**, whichever date is sooner.*

Use the following codes to complete the requested information.

If no reportable incidents occurred, submit a negative report by writing "NO REPORTABLE INCIDENTS" across the front of the CB-15 form, and complete the signature area at the bottom. Email the form to youthcamps@doh.nj.gov or mail the form to the address listed; retain a copy for your records.

REPORTING CRITERIA CODES:

- 1 - Medical Treatment by Off-site Professional Required (EMT, Ambulance, Urgent Care, Hospital)
- 2 - Camper/Staff Loss of Consciousness
- 3 - Involved Restriction of Activity or Motion
- 4 - Camper/Staff Sent Home Early
- 5- Involved Quarantine or Isolation Restricting Camper/Staff from Camp for Several Days or Weeks

LOCATION CODES:

- 1 - General Camp Grounds
- 2 - Off Site
- 3 - Playground
- 4 - Pool/Lake/Other Body of Water
- 5 - Sporting Field/Gymnasium
- 6 - Transport To/From Camp

ACTIVITY INVOLVED CODES:

- 01 - Archery
- 02 - Baseball
- 03 - Basketball
- 04 - Bicycling
- 05 - Board Games
- 06 - Boating
- 07 - Bowling
- 08 - Campfire Making or Tending
- 09 - Commutation
- 10 - Dancing/Theater
- 11 - Dodgeball
- 12 - Football
- 13 - Go-Kart
- 14 - Gymnastics/Cheerleading
- 15 - Hiking/Walking/Running
- 16 - Hockey (Ice or Field)
- 17 - Horseback Riding
- 18 - Indoor Games
- 19 - Kickball
- 20 - Miniature Golf
- 21 - Playground Equipment
- 22 - Rope Course/Rock Climbing/Bouldering
- 23 - Skating (Roller/Ice/Skateboard)
- 24 - Soccer
- 25 - Swimming
- 26 - Tennis
- 27 - Volleyball
- 28 - Woodworking (Whittling, Woodburning)
- 29 - Wrestling/Martial Arts
- 30 - Does Not Involve Activity/Not Specified

TYPE OF ILLNESS/INJURY CODES:

- 01- Allergic Reaction (to Bite, Sting or Medication)
- 02 - Back Injury
- 03 - Bite (Animal)
- 04 - Bite (Human)
- 05 - Bites (Insect)/Sting/Skin Rash/Poison Ivy/Ringworm
- 06 - Breathing
- Difficulty/Respiratory/Asthma/Hyperventilation
- 07 - Bruise/Contusion/Abrasion
- 08 - Burn
- 09 - Dental/Mouth Injury
- 10 - Ear Injury
- 11 - Excess of Heat or Sun (Heat Stroke, Exhaustion, Rash, Cramps and Sunburn)
- 12 - Eye Injury/Disease (including Conjunctivitis)
- 13 - Fainting/Seizure
- 14 - Food Poisoning
- 15 - Fracture
- 16 - General Illness Not Related to COVID (Fever, Nausea, Vomiting, Stomach Pain, Menstrual Cramps, etc.)
- 17 - Head/Neck Injury (including Concussion, Loss of Consciousness)
- 18 - Laceration/Puncture/Splinter
- 19 - Nosebleed/Nose Injury
- 20 - Sprain/Strain/Dislocation (Muscle/Ligament/Joint)
- 21 - COVID-19 Lab Confirmed
- 22- COVID-19 Close Contact