INSTRUCTIONS AND CODES

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 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. Mail the form to the address listed; retain a copy for your records.

REPORTING CRITERIA CODES:

1 - Involved Professional Medical Treatment
2 - Involved Loss of Consciousness
3 - Involved Restriction of Activity or Motion
4 - Involved Premature Termination of Camper's Stay

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
23 - Skating (Roller or Ice)
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 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 (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 or Joint)