



# KDHE BWM Waste Tire Playground Surface Project Injury Report\*\*

Name of park/playground: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

Date of injury: \_\_\_\_\_ Injury time: AM PM

Was weather a factor? Heat Cold Precipitation Other \_\_\_\_\_

Approximate age of injured: \_\_\_\_\_ Gender: Male Female

Was child in custody of parent at time of injury? Yes No

Person reporting injury: \_\_\_\_\_

### Where Did Injury Occur? (Circle Responses below)

On rubber playground surface - on play equipment - on sidewalk/border - other

During What Activity? \_\_\_\_\_

Was a fall from Play Equipment involved? yes / no  
Equipment type: \_\_\_\_\_ Equipment height: \_\_\_\_\_

### Result of Injury (Observed symptom):

- Head impact
- Minor cut/wound
- Unconscious
- Cut/wound requiring stitches
- Other: \_\_\_\_\_
- Dental injury
- Muscular/skeletal (bruise/sprain)
- Swelling

### Medical Attention Required? (if yes, go to next item.) Yes No

- First aid to child at the playground
- Parent reported taking child to ER
- Parent reported taking child to Dr/clinic
- Transported to hospital by ambulance
- Unknown
- Paramedics came
- Child admitted to hospital

### Describe outcome of rubber surface safety performance in this instance, as reported by

\_\_\_\_\_:

This information is being collected in order to evaluate the performance of rubber playground surfacing at KDHE grant funded projects. For questions, please contact: "Kris" Hicks, Environmental Scientist 785 296-1026 [Khicks@kdheks.gov](mailto:Khicks@kdheks.gov) Waste Reduction, Grants and Public Outreach Unit

**\*\*COPY THIS FORM-Please submit reports by the end of October for the previous 12 months, after the first year of the grant.**