

# Incident Report Form

Date of Report: \_\_\_\_\_ Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_ AM  PM

## Facility Information

Facility: \_\_\_\_\_ Phone number: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## Personal Data—Injured Party/Involved Party

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male  Female   
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone Number(s): Home: \_\_\_\_\_ Work: \_\_\_\_\_  
Family Contact (Name and Phone number): \_\_\_\_\_

## Incident Data

Location of Incident: \_\_\_\_\_  
\_\_\_\_\_  
Description of Incident: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Did an injury occur? Yes  No

If yes, describe the type of injury: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Witnesses

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Witness description of incident: \_\_\_\_\_  
\_\_\_\_\_
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Witness description of incident: \_\_\_\_\_  
\_\_\_\_\_

**Care Provided:**

Did victim refuse medical attention by staff? Yes  No

Did facility provide care? Yes  No

Name of person that provided care: \_\_\_\_\_

Describe in detail care given: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Was EMS called? Yes  No  If yes, by whom? \_\_\_\_\_

Time EMS called: \_\_\_\_\_ AM  PM

Was the victim transported to an emergency facility? Yes  No

If yes, where? \_\_\_\_\_ If no, person returned to activity? Yes  No

If the victim is a minor – Were the minor's parents contacted (if not present)? Yes  No

Victim's signature (Parent's/Guardian's if victim is a minor):

\_\_\_\_\_

**Facility Data**

Number of lifeguards on duty at time of incident: \_\_\_\_\_

Number of patrons in facility at time of incident: \_\_\_\_\_

Weather condition at time of incident: \_\_\_\_\_

Water condition at time of incident: \_\_\_\_\_

Deck condition at time of incident: \_\_\_\_\_

Name(s) of lifeguard(s) involved in incident: \_\_\_\_\_

Name(s) of water safety instructor(s) involved in incident: \_\_\_\_\_

**Report Prepared By:**

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_