

Individual Information		
Name:	Age:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Address:		Phone Number:
Date of Accident:		Time of Accident:
Pool Information (location, pool name, etc.)		

Location of Accident	Describe Where and What Occurred
Outside Pool Grounds	
Change Rooms	
Pool Deck/ Sidewalk	
Open Lawn	
Among Trees	
Fence	
New Pool	
Old Pool	
Paddling Pool	
Shallow End	
Deep End	
Diving Boards	

Action Immediately Taken: (Include equipment used)	_____

Site and Nature of Injury: (Include condition of subject and first aid)	_____

Names and Addresses of other Witnesses:	Involved: _____
	Witnesses: _____
	Other: _____

Other Staff on Duty for that Activity or Time Period:	Name: _____
	Name: _____
	Name: _____
	Name: _____
Name and Position of Person Making Report:	
Name: _____	Position: _____
Signature: _____	Date Signed: _____