

Heights Pool Incident Report

Date: ____ / ____ / ____ Time: ____ : ____ [AM] [PM]

VICTIM INFORMATION

Name: _____ Acct #: _____ Age: _____ Sex: [M] [F]
Address (if no Acct #): _____ Telephone: () ____ - ____

GUARDIAN INFORMATION

Name: _____ Telephone: () ____ - ____ Relation: _____
If parent/guardian not present: Caretaker Name: _____ Telephone: () ____ - ____

INCIDENT INFORMATION

Location within Facility: _____ Facility Condition: _____

If water rescue: Water Depth: _____ ft Water Conditions: _____

Rescuing Guard: _____ Stand # (at time of rescue): _____

Comprehensive Description of Incident (including contributing factors, medical conditions, etc.):

Equipment Used: _____

CARE INFORMATION

Was care provided (first aid, CPR, spinal immobilization, etc.)? [Y] [N] *If yes, please describe:*

EMS Called? [Y] [N] CPR Administered? [Y] [N] AED Administered? [Y] [N]

Staff Member(s) providing care: _____

RELEASE INFORMATION

Victim Released to: [Self] [Parent/Guardian] [EMS] *If transported offsite: Facility Name: _____*

REFUSAL OF CARE

Did victim refuse medical care by staff? [Y] [N]

If yes, Victim (parent or guardian for minor) signature: _____

REPORT PREPARATION

Name: _____ Position: _____

Signature: _____ Date: ____ / ____ / ____

MANAGER

Name: _____

Signature: _____ Date: ____ / ____ / ____

ADDITIONAL ATTACHMENTS? [Y] [N]

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WITNESS STATEMENT

WITNESS INFORMATION

Name: _____ **Acct #:** _____

Address (if no Acct #): _____ **Telephone:** () ____ - _____

INCIDENT INFORMATION

Name of Victim: _____ **Date:** ____ / ____ / _____ **Time:** ____ : ____ [AM] [PM]

DESCRIPTION OF INCIDENT

[illegible]

SIGNATURE

I hereby affirm that this statement is factual to my best understanding,

_____ **Date:** ____ / ____ / ____