

ACCIDENT REPORT FOR AQUATIC FACILITY

<input type="checkbox"/> Rescue	<input type="checkbox"/> First Aid	<input type="checkbox"/> Other (Specify)	
Name of Victim		Address	
Age	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of Accident	Time
Site of Occurrence	Beach <input type="checkbox"/>	Pool <input type="checkbox"/>	In Swimming Area <input type="checkbox"/> Other (Specify)
WITNESSES: Names, Addresses, and Telephone Numbers			
1.			
2.			
3.			
Cause of Accident			
Condition of Water	Rough <input type="checkbox"/>	Mild <input type="checkbox"/>	Calm <input type="checkbox"/> Other (Specify)
Equipment Used in Rescue			
Description of Accident and Treatment			
Lifeguard (s) Who made Rescue			/signed/
Lifeguard (s) Who Performed First Aid			/signed/
Other Guards on Duty			
Privacy Act Statement			
<p>Authority: Title 10, US Code, Section 3012 Purpose: to provide information to medical, legal, and safety officials as required for notification. Disclosure: Voluntary. However, if information is not provided, witnesses associated with an accident may not be able to be contacted, when necessary.</p>			