

SWIM FACILITIES
MINOR ACCIDENT AND FIRST AID TREATMENT
(DAILY RECORD)

NAME OF FACILITY _____

PERSON IN CHARGE _____

DATE/TIME	NAME/ADDRESS/AGE OF PERSON TREATED	TYPE OF INJURY	HOW INJURY OCCURRED	TREATMENT GIVEN	LG'S INIT

DATA REQUIRED BY THE PRIVACY ACT OF 1974

The authority for soliciting information for inclusion on this form is Title 10, US Code, Section 3012.

a. Information collected on this form will be used by Morale Support Activities personnel to provide information to medical, legal, and safety officials as required for accidents at Swim Facilities.

b. Information on your telephone/SSN will not be disclosed to persons who have no need to contact you.

c. Disclosure of the requested information is voluntary. The information is needed to enable MSA to contact individuals/witnesses associated with accidents at Swim Facilities, if necessary.