



### Premier Aquatics Incident Report

Person Involved in Injury or Incident: \_\_\_\_\_ Age: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Guest of: \_\_\_\_\_

Address: \_\_\_\_\_

If minor, Name of Parent or Guardian: \_\_\_\_\_

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Address of Incident: \_\_\_\_\_

Employee: \_\_\_\_\_ Was Security Contacted? \_\_\_\_\_ Was 911 Called? \_\_\_\_\_

Was injured person transported by ambulance? \_\_\_\_\_

If yes, to where? \_\_\_\_\_

Type of Incident: ☐ First Aid/Injury ☐ Altercation (Verbal or Physical) ☐ Rescue

☐ Other: \_\_\_\_\_

Where in the facility did the Incident Occur? (Be Specific)

**S:**  
Signs & Symptoms

**A:**  
Allergies

**M:**  
Medications

**P:**  
Past History

**L:**  
Last Food/Drink

**E:**  
Events Leading Up

**Type of Injury:**

☐ Splinter

☐ Burn

☐ Heat Related Illness

☐ Bump/Bruise

☐ Dental Injury

☐ Head/Neck/Spinal Injury

☐ Animal Bite/Sting

☐ Stroke

☐ Choking

☐ Cut/Scrape

☐ Heart Attack

☐ Other: \_\_\_\_\_

**Please phone Manager on Duty after completion of this report. Take a picture of the report and text it to the Manager on Duty**



**Body Part(s) Affected/Injured**

	L	R		L	R
Eyes/Ears/Face	<input type="checkbox"/>	<input type="checkbox"/>	Ankles/Feet/Toes	<input type="checkbox"/>	<input type="checkbox"/>
Neck/Shoulders	<input type="checkbox"/>	<input type="checkbox"/>	Back	<input type="checkbox"/>	<input type="checkbox"/>
Arms/Elbows	<input type="checkbox"/>	<input type="checkbox"/>	Head	<input type="checkbox"/>	<input type="checkbox"/>
Hips/Legs/Knees	<input type="checkbox"/>	<input type="checkbox"/>	Internal Organs: _____		
Wrists/Hands/Fingers	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____		

Detailed account of the incident (Nature of Incident, Nature of Injury, Treatment, Times, etc.)  
Please be as specific and detailed as possible. Attach additional sheets as necessary:

Employee Completing Report: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Witness: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Please phone Manager on Duty after completion of this report. Take a picture of the report  
and text it to the Manager on Duty**