



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**