



ACCIDENT, INJURY, ILLNESS, or INCIDENT REPORT

(CONFIDENTIAL INTERNAL DOCUMENT, for RCSCW use only)

This report is required for all accidents, injuries or illnesses occurring on any Recreation Center Property

IF A LIFE-THREATENING INJURY OR FATALITY OCCURS, STOP and CALL 911 IMMEDIATELY!

After the person is being provided care with appropriate authorities, the responsible Supervisor, Club Member or Employee must complete pages 1 and 2.

Please circle one. Was this an: Accident Injury Illness

Describe the issue (use facts only): _____

Incident Date: _____ Incident Time: _____ Facility: _____

Specific Location (Room#, Club, Area): _____

Who is Reporting: _____ Title: _____ Phone#: _____

Name of Person(s) Injured Involved in an Accident, Injury, or Illness

Name : _____ Phone #: _____ Rec Card # _____

Address: _____ City/State/Zip: _____

Name : _____ Phone #: _____ Rec Card # _____

Address: _____ City/State/Zip: _____

(if additional persons were involved, please list them on the bottom of page 2)

Was medical treatment provided on site? Circle one: Yes No

Was medical treatment refused? Circle one: Yes No

If person refused evaluation, treatment, or transportation, the person must complete page 3

Was a 911 call placed? Circle one: Yes No

Who was dispatched? Circle one: Fire Ambulance Sheriff

Was a report number provided? Circle one: Yes No If yes, report # _____

Provide facts pertaining to the accident, injury, or illness

(If additional space is needed use bottom of page 2)

If there was an accident, did you note the condition of the area? Circle one: Yes No

If yes, what condition did you notice? Dry? Wet? Other, please describe: _____

Were Photos Taken (not required)? Circle one: Yes No If yes, list the person as a witness below and attach photo(s)

Was there a vehicle involved? Circle one: Yes No If yes, provide information:

Vehicle Make:_____ Model:_____ Year:_____ State:_____ License #:_____

Vehicle Make:_____ Model:_____ Year:_____ State:_____ License #:_____

Was there a witness(es)? Circle one: Yes No If yes, provide information:

Name :_____ Phone #:_____ Rec Card # _____

Address:_____ City/State/Zip:_____

Name :_____ Phone #:_____ Rec Card # _____

Address:_____ City/State/Zip:_____

Additional Accident/Injury/Illness Information:

Review, sign, and forward this report to the General Manager within 3 business days

Facility Lead: _____ Date: _____

Facility Supervisor: _____ Date: _____

Facility Manager: _____ Date: _____

Human Resources: _____ Date: _____

Safety Coordinator: _____ Date: _____

General Manager: _____ Date: _____

Declination of Medical Care

We strongly encourage you to be evaluated, treated if necessary and or transported to a hospital. You have the right to choose not to be evaluated, treated or transported if you wish; however, there is the possibility that you could suffer serious complications or even death from conditions that are not apparent at this time. By signing this document, you understand these possibilities and are refusing further assistance offered by The Recreation Centers of Sun City West personnel.

Name of person refusing evaluation, care, and/or transportation (printed)

Signature of person refusing evaluation, care, and/or transportation

Date of signature of person refusing care, transportation

Name of Employee/Club Officer (printed)

Signature of Employee/Club Officer

Date of Employee/Club Officer signature

This is the only page of the accident, injury or illness form which may be provided or shared. The only person who may receive a copy of this page, page 3, is the person who is declining or has declined evaluation, medical care, or transportation.

All other pages, to include pages 1 and 2, remain the property of The Recreation Centers of Sun City West.

Details of the Accident, Injury, or Illness as recorded by the community member or their guest:

