Park Incident Report Form (US)

Safety & Compliance | US

DATE OF INCIDENT	TIME	PARK	REPORTED BY
____ / ____ / _____			

PERSON INVOLVED

Name _____

Age (approx. if minor) _____

Contact info _____

Employee / visitor / contractor _____

INCIDENT DETAILS

Location in park _____

Type ☐ Playground injury ☐ Slip / trip / fall ☐ Sports injury ☐ Water / pool incident ☐ Vehicle / bicycle ☐ Equipment failure ☐ Vandalism ☐ Wildlife ☐ Other

Description

Conditions (weather, surface, lighting) _____

INJURY & MEDICAL

Nature of injury _____

Body part _____

First aid provided _____

Medical treatment ☐ None ☐ First aid only ☐ Urgent care / ER ☐ 911 called

WITNESSES & EVIDENCE

Witness 1 _____

Witness 2 _____

☐ Photos taken of scene

FOLLOW-UP

Immediate action taken

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Equipment closed / area secured _____

Supervisor notified _____

☐ Risk management / insurance notified

Reporter signature _____

Notes

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