

**AQUATIC MANAGEMENT SERVICES  
ACCIDENT/REPORT FORM  
(MUST Be Completed for ANY Accident or Rescue)**

Pool Name: \_\_\_\_\_ Accident Date: \_\_\_\_\_ Accident Time: \_\_\_\_\_  
Injured Person/Victim: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone No. \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Lifeguard on Duty: \_\_\_\_\_  
Name of Family Member Notified: \_\_\_\_\_ Relationship to Victim: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Weather Conditions:** Air Temperature: \_\_\_\_\_ Water Temperature: \_\_\_\_\_ Visibility: \_\_\_\_\_  
( ) Sunny and clear ( ) Sunny with partial cloud coverage ( ) Cloudy ( ) Rain, no lightening ( ) Rain with Lightening ( ) Electrical Storm

**Warnings in Use:** ( ) Verbal ( ) Whistle Blows Other: \_\_\_\_\_

**Type of Injury/Rescue:** ( ) Tired Swimmer ( ) Distressed Swimmer ( ) Submersion ( ) Diver ( ) Spinal  
( ) Abrasion/Cut ( ) Burn ( ) Insect Bite ( ) Bleeding ( ) Excessive Bleeding ( ) Contusion(s)  
( ) Puncture ( ) Laceration(s) ( ) Allergy Related ( ) Previous Condition ( ) Strain  
( ) Choking ( ) Sprain ( ) Possible Fracture/Dislocation/Broken Bone(s) ( ) Possible

Internal Injuries  
Other: \_\_\_\_\_

**Victim Identification and Location:** ( ) Conscious Top ( ) Unconscious Top ( ) Unconscious Bottom Other Location: \_\_\_\_\_

**Area of Injury:** ( ) Head ( ) Neck ( ) Arm ( ) Hand ( ) Trunk ( ) Leg ( ) Foot Other: \_\_\_\_\_

**Number of Victims:** \_\_\_\_\_ Other: \_\_\_\_\_

**Equipment Used for Rescue:** ( ) Rescue Tube ( ) Resuscitation Device Other: \_\_\_\_\_

**Cause of Injury:**  
( ) Participating in Unsafe Behavior (i.e. chicken fighting, running, drinking, drug use, etc.)  
Specify Behavior if not listed: \_\_\_\_\_  
( ) Defective Equipment (i.e. floats, inner tubes, rafts, etc.)  
Specify Defective Equipment if not listed: \_\_\_\_\_  
( ) Personal Factors (i.e. over-aggressiveness, panicky, nervous, shy, etc.)  
Specify Personal Factors if not listed: \_\_\_\_\_  
( ) Lack of Knowledge or Skill (i.e. non-swimmer, not knowing depth, etc.)  
Specify Lack of Knowledge or Skill if not listed: \_\_\_\_\_  
( ) Water-Entry Injury (i.e. diving into shallow water, striking bottom of pool, jumping off side, etc.)  
Specify Injury if not listed: \_\_\_\_\_  
( ) Pool Deck/Facility Related Injury (i.e. slipping on deck/coping, slippery walking surface in facility, etc.)  
Specify Injury if not listed: \_\_\_\_\_  
( ) Other: \_\_\_\_\_

**Medical Emergency:** ( ) Drowning ( ) Near-drowning ( ) Assist Swimmer ( ) Spinal Injury ( ) Cardiac Related  
( ) Respiratory ( ) Seizure ( ) Heat Exhaustion ( ) Heat Stroke ( ) Diabetic Emergency  
( ) Drug/Alcohol Use/Overdose ( ) Hypothermia ( ) Mental

Other: \_\_\_\_\_

**Patient Assessment Level of Consciousness:** ( ) Alert & Oriented ( ) Conscious but disoriented ( ) Responsive to verbal stimuli  
( ) Unconscious but responsive to painful stimuli ( ) Unconscious and unresponsive to painful and verbal stimuli  
Other: \_\_\_\_\_

**Pupils:** ( ) Normal ( ) Unequal ( ) Constricted ( ) Dilated Other: \_\_\_\_\_

**Skin:** ( ) Normal ( ) Cyanotic (bluish in color) ( ) Hot ( ) Cool ( ) Dry ( ) Moist ( ) Pale ( ) Flushed Other: \_\_\_\_\_

**Sensation and Motor Function:** ( ) Left Upper Extremities ( ) Right Upper Extremities ( ) Left Lower Extremities ( ) Right Lower Extremities

**Respirations:** ( ) Normal ( ) Shallow ( ) Labored ( ) No respirations **Pulse:** ( ) Normal ( ) Weak ( ) Pounding  
( ) Irregular ( ) No Pulse

**Chest Movement:** ( ) Rising fully ( ) Rising slightly ( ) Not rising

Time 1: \_\_\_\_\_ Time 2: \_\_\_\_\_ Time 3: \_\_\_\_\_

Pulse: \_\_\_\_\_ Pulse: \_\_\_\_\_ Pulse: \_\_\_\_\_

Respirations: \_\_\_\_\_ Respirations: \_\_\_\_\_ Respirations: \_\_\_\_\_

**Type of Action Taken/First Aid Given/Emergency Care Given:**

- Disinfectant     Insect Ointment     Band-Aid     Bleeding Control     Bandage with Gauze     Ice Packs
- Treatment of Heat Stroke/Exhaustion     Treatment of Hypothermia     Treatment of Shock     Heimlich Maneuver     Rescue Breathing
- Pocket Mask     Bag-Valve Mask     CPR     Spinal Immobilization     Fracture/Dislocation/Broken Bone(s) Management

**EMS Information:**

**Was EMS called?**  Yes     No    Time Called: \_\_\_\_\_ am / pm    Time EMS arrived: \_\_\_\_\_ am / pm

**Name and Phone No. of Person Accompanying Injured Person:** \_\_\_\_\_

**Patient Disposition:** \_\_\_\_\_

**PARAMEDIC WAIVER**

**I refused to have the paramedics called for myself or my minor child/ward and hereby for myself, my minor child/ward heirs, executor and administrator fully release and discharge USA Pools, Inc. and its officers, agents, servants and employees from any and all claims for damages I or my minor child/ward may have**

**Print Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Release:**  Released     Released to Parent    Other: \_\_\_\_\_

**Parents/Relatives Notified:**  Yes     No    By Whom: \_\_\_\_\_    Day Phone: \_\_\_\_\_  
Who was specifically notified and what were their comments/reactions? \_\_\_\_\_

**Mechanism of Injury:**

- Rules Violation     Contact with Guest     Contact with Object     Slip/Trip/Fall     Intoxication     Running     Diving     Other

**Follow-Up Care:**

- Treated on Site     Backboard     Referred off site     Transported off site

**Special Conditions:**

- Blood Present     Vomit Present     Gloves Worn     Multiple Injuries     Employee Injury    Other: \_\_\_\_\_

**Additional Comments:** \_\_\_\_\_

**Witnesses Information: Please provide the name, address, and phone numbers of THREE Witnesses ( must be adults)**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

**Name(s) of Rescue Care Giver(s):**

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

**Lifeguard(s) Present:**

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

**Name of Employee Care Giver/Employee Completing Report:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's Review:** \_\_\_\_\_ **Date:** \_\_\_\_\_