

**INCIDENT REPORT:** \_\_\_\_\_

**STAFF REPORT**

Date of Incident: \_\_\_\_\_ Time of Incident: \_\_\_\_\_  
\_\_\_\_\_am/pm

Member Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

• Manager on Duty at time of incident: \_\_\_\_\_

• Area of Incident: \_\_\_\_\_

• Equipment Involved: \_\_\_\_\_  
\_\_\_\_\_

• Description of Incident by 1st staff member on scene:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• **EMERGENCY PROCEDURES TAKEN BY STAFF**

FIRST AID     CPR     AMBULANCE     ON-SITE HELP ONLY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Witness at scene: \_\_\_\_\_ Phone: \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**LIST ADDITIONAL INFORMATION BELOW** (CHECK ALL THAT APPLY)

- Incident Occurred:       Inside of facility     Outside of facility  
    While exercising     Entering Facility     Leaving

Facility

- Facility Surface Conditions:     Dry                     Wet                     Uneven