



Incident Reporting Form

Please use this form to report any accident or incident.
Return completed form to Swim Ontario and keep copy in Club files.

Details of person injured or involved

Person Completing Report: _____ Date: _____

Person(s) Involved: _____

Event Details

Date of Event: _____ Location of Event: _____

Time of Event: _____ Witnesses: _____

Description of Events:

*If more space is required please use the back of this sheet

Was event / injury caused by an unsafe act (activity) or an unsafe condition (equipment)? Please explain:

TYPE OF INJURY/FIRST AID REQUIRED	
Type of injury sustained:	
Cause of injury	
Was medical treatment necessary?	Yes _____ No _____ If yes, name of hospital or physician:

Signature of Club Personnel: _____

Date: _____